PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9599

CERTIFICATE OF DEATH

,		0.9502
Reg.	Dist.	0195012 No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sykesville CITY (If outside corporate limits, write RURAL (in this place) (in this place) 6month 29days	CITY(If outside corporate limits, write RURAL at OR	nd give nearest town)
HOSPITAL OR SINSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS 5106 Richard Avenue	1
		Day) (Year)
DECEASED: (Type or Print) LILLE BLANCHE A	LBERT October	27 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Married 2-12	2-77 78 yrs. Months D	ays Hours Mln.
Work done during most of working life, even if retired): Housewife	Maryland U	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frank M. Sturgeon	Martha Underwood Sturgeon	
(Yes, no. or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Hospital records	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)	lerotic Heart Disease	Days Years
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, PROWITH OF NUT	oc. with disturbance of metabolicrition, with senile brain dis.	5m, 6½Yr.+
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	with psychotic reaction.	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., HOSPITAL	etc. INJURY OCCUR? Sykesville Cari	
OF INJURY 7 21 (Year) (Hour) 21E NJURY OCCURRED While Not while at work at work	Pt. Accidently slipped on f	loor.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE 10-3/-55 ALLINA	4:25AM, from the causes and on the date s ADDRESS DAT Consideration Considerat	stated above. SE SIGNED 10-27-55 county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9600

CERTIFICATE OF DEATH

979	T	74.7	74
Reg.	Dist.	NO.	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE MAL COUNTY	Perroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL, and	
OR and give nearest town) (in this place)	TOWN els that	~
HOSPITAL OR	STREET (1f rural give location)	<u> </u>
INSTITUTION OR	ADDRESS	
STREET ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) John James Um	Thomas DEATH: Oct. 21	1955
5. SEX: S. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH 9. AGE last birthday: IF UNDER 1 YEAR	
MIDOWED, DIVORCED, (Specify) Married Hov.	5, 1904 50 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF		IZEN OF WHAT
work done during most of working life, even if retired to the state of	150 may	SA
13. FATHER'S NAME:	144 MOTHER'S MAIDEN NAME:	9///
John & anthony	mary C. Cullen	
	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of 2/2-03-2988)	Mrs agnes anthony - Spither	, md.
18. MEDICAL CERTIFICATI	ION .	Intervai Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
153X Can leer Gra	ust Careau onna I Com	Ment -
Immediate cause (a)	So I Colored I	777
Antecedent causes (s)	mututas en - Perchal	Dok
Diseases or conditions, if any, giving rise to the above cause (b)	Meteran - Cerchial	29 55
stating the underlying cause last. DUE TO		
(e) Mitastser	<i>n</i> ·	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STA	ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF 1NJURY m. While at Not While Work At Work		
	,1953, to GZP21, 19.55, that I last sa	w the deceased
0.0		
alive on L. W.A., 19.5.5, and that death occurred at /	H.5 P.M., from the causes and on the date sta	tted above. E SIGNED
Story of 2 Hall 12	- Vichiander 21	1 Ret 55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY / LOCATION (City, town, or count	y) (State)
Burial 10-24-55 Office	Ild Sules ill Carra	16 yns
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
ORY 21, 1955 P. Harry Tiles	Xullio of Spiatt Oliver	the ynd
and the second of the second	Andrew M. Miles Lee - No allegare	1

VS. A15

BUREAU V. S.

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E WRITE PLAINLY, WITH UNFADING INK.	age is especially important. Physicians: please write the causes of death clearly and legibly.
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VS. A15

MARILANDS	TATE DEPARTMENT	OF HEALTH-	-BALTIMUKE, 1	8 00604
9601	CERTIFICATE	OF DEAT	H Reg.	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DECEASE	ED:
COUNTY Carroll	MARYLAND	STATE Md.		COUNTERSTOLL
CITY (If outside corporate limits, write OR and give nearest town)				AL and give nearest town
Lunal Westmenster		TOWN Pural	Westminst	in X
HOSPITAL OR INSTITUTION OR STREET ADDRESS pring m	ille	STREET ADDRESS	ing Mills	cation)
3. NAME OF DECEASED: (First) LAURA	C. BAB	Last) 4.	DATE (Month) OF DEATH: ()	(Day) (Year) 2 1955
F RACE: WIDOW	E, MARRIED, WED, DIVORCED,	F BIRTH: 9. A	GE jast birthday: IF UNE 7 8 yrs. Month	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE (Sta	ate or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Christopher 8 hickel	les_	& Elen & t	NAME:	
15 WAS DECRASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)		NFORMANT & ADDRE	Shring m	ille, mod.
mo service)	mone 60	A -	7 0	
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	1	1 H	hye	Interval Betwee Onset And Deat
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE (b)	ro Hy	sin (2	4	
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but n related to the disease or condition causing	ot death			
19a. DATE OF OPERATION: 19b. MAJOR				20. AUTOPSY ?
				Yes No No
IIOMICIDE OF INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY OC		
SIGNATURE	that death occurred at	1930, to 1900 the ADDRES	e causes and on the	last saw the deceased date stated above. DATE SIGNED 10-3-5-5
BURIAL, CREMATION, DATE THERE REMOVAL (Specify)	55 NAME OF CEMETERS	OR CREMATORY	LOCATION (City, town,	
REGISTRAR Hamil	Millen to	Bankard 40	on Wishminst	in, md.
No Seamuelle	•			

MADVIAND CTATE DEDADTMENT OF HEATTH DALMINODE 10

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09605

9692

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF	F DEATH:			2. USUAL RESI	DENCE (HOME)	OF DECEASED	
COUNTY	Carrol	.1 _{MA}	RYLAND	STATE	aryland	CC	OUNTY Carroll
CITY (If or and Y TOWN	outside corporate li give nearest town) rural Wes	mits, write RURAL LENG tminster	TH OF STAY this place)	CITY (If out OR TOWN		its, write RURA estminst	L and give nearest town
HOSPITAL INSTITUT STREET A	ION OD	R. 6		STREET ADDRESS	R. 6	f rurai give locat	cion)
3. NAME OF DECEASED (Type or Pr		(Middle) Jane	Bollin	(Last) ger	4. DATE OF DEATH:	(Month) (OCt.	Day) (Year) 14 19 55
5. SEX: Female	s color or RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) Marrie	Nov.2	of Birtii: 9.1876	78	yrs. Months	
work done	CCUPATION Give during most of worthired): HOUSEV	kind of 10b. KIND OF INDUSTRY Vife Own H	BUSINESS OF	Carroll	County,	ign country):	country? USA
13. FATHER'S	John A	nold		14. MOTHER'S M.	Mary Gr	mes	
15 WAS DECEA (Yes, no, or unl		4EO FORCES ! 16. SOCIAL SEC			ADDRESS:	_	stminster.Mo
33/ Immedia Antecede Diseases of giving ris	or conditions te cause ent causes (s) or conditions, if as e to the above cause underlying cause	(a) Carelong to Due to	CERTIFICATION DEATH	0	y perteusi	n	Interval Betwee Onset And Deat 4 Rogy.
Conditions	GNIFICANT CONE contributing to the the disease or condi	death but not					
		b. MAJOR FINDINGS OF	OPERATION				20. AUTOPSY ?
21. ACCIDENT SUICIDE HOMICIDE	(-2,	PLACE (Home, farm, off office bidg., INJURY	factory, street, etc.)	(CITY OR TO	OWN)	(COUNTY)	(STATE)
TIME (Mon OF INJURY	th) (Day) (Year)	While at	URED Not While At Work □	HOW DID INJU	JRY OCCUR?		
slive on SIGNATI	J. The	ttended the deceased fr JJ, and that death or (Degree or title Th. D	curred at ./.	Wish	om the causes		ast saw the deceased te stated above. DATE SIGNED
21. BURIAL, REMOVAL			er Park	RY OR-OREMATO	Smally	Vood	r county) (State) Maryland
	D BY LOCAL! RI	EGISTRAR'S SIGNATURE		24. FUNERAL DI			ADDRESS

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age is especially important, Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09606

9693 CERTIFICATE OF DEATH

Reg. Dist. No. 76

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CARROLL MARYLAND	STATE Maryland COUNTY	Carroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	
V TOWN rural Westminster (in this place)	TOWN rural Westminster	×
HOSPITAL OR	STREET (If rural give location)	,
INSTITUTION OR R 6 Smallwood	ADDRESS R 6 Smallwood	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Martha Ellen Bow	(Last) 4. DATE (Month) (Day) OF OF OCt. 6	(Year) 1955
5. SEX: S. COLOR OR 7 SINGLE MARRIED 18 DATE	OF BIRTH: 9. AGE last birthday: If UNDER I YE	
Female White Widowed Sept.		
10a. USUAL OCCUPATION.Give kind of work done during most of working life, even if retired) HOUSEWITE OWN HOME	Carroll County, Md.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph E. Hess	Belinda Hill	
	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	s. C. Albert Frick 6 Westmi	nster, Md.
18. MEDICAL CERTIFICATION	ON	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 0 1 1	Onset And Deat
Immediate cause (a) acute Care	was reformersation	15 pr
DUE TO	2 (1	
Antecedent causes (s) Diseases or conditions, if any, (b) Clrebual	Hemorhage	4 days
giving rise to the above cause stating the underlying cause last.	10 10	1-1
(c) arterio	Accerases	1 14/40
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Po. 2.	10/55 to 10-1 = 10/55 that I lost	cow the decessed
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alive on 1955, and that death occurred at	7. 2 Trom the causes and on the date s	stated above. TE SIGNED
lelias Rtouly M. M.	strumiter that 10.	6.55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CHEMATORY LOCATION (City, town, or cou	
Burial Oct.8,4955 Deer Park		yland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
_ 10-3-to Hayker muller	John R. Byers Westminste	r. Md.

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Designation of the contract of

BUREAU V. S.

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9604

CERTIFICATE OF DEATH

Reg. Dist. No.

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):		
gib	COUNTY Carroll MARYLAND	STATE Maryland COUNTY Montg	omerv		
lej	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a			
death clearly and legibly	X OR and give nearest town) TOWN Rural - Sykesville 27 days	or Town Kensington	15×2		
>	HOSPITAL OR	STREET (If rural give location)	13 N-d		
arl	15 INSTITUTION OR Springfield State Hospital	ADDRESS 4562 Woodfield Road			
cle			V		
th	DECEASED.		Ony) (Yesr)		
ea	(Type or Print) MARGARET Q.	BRIDEN OF DEATH: 10	5 1955		
of	RACE: WIDOWED, DIVORCED.	of BIRTH: 9. AGE last birthday Months D	ays Hours Min.		
ses	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:				
an	even if retired. Housewife	Scotland	CITIZEN OF WHAT		
le c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
e th	James Lang	Margaret Osborne			
se write the causes	IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
	(Yes, no. or unk.) (If Yes, give war or dates Unk - Record, Springfield State Hos				
please	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN		
Д	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
102	450.0 IMMEDIATE CAUSE (A) Acute Pu	lmonary Embolism	Hours		
lan	ANTECEDENT CAUSE (S)				
Sic	DISEASES OR CONDITIONS, IF ANY. (B) General Arteriosclerosis				
Physicians	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	arterioscierosis .	Years		
it.	(C)				
tar	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic TO THE DEATH BUT NOT RELATED TO THE	brain syndrome associated with	1-15-1-1		
OOL	DISEASE OR CONDITION CAUSING DEATH, Senile Drain	disease, with psychotic reaction	n 5 years		
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?		
			YES NO		
especially	21A. ACCIDENT WAS UNDERLYING \$\bigs_2\$ 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. 21c. WHERE DID (City or town) (Count NJURY OCCUR? Kensington Mont	y) (State) gomery Md.		
esp			1		
is	OF INJURY 8-27-55 M. 21E INJURY OCCURRED While Not while at work at work x	Unknown	12		
	22. I hereby certify that I attended the deceased from 9/		saw the deceased		
age	give on 10/4 , 1959, and that death occurred at	8:30AM, from the causes and on the date s	stated above		
ct	SIGNATURE , and that death occurred at		E SIGNED		
correct	Educued Lasheres M	. D. Sykesville, Maryland 10	15/55		
00	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	tounty) (State)		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	c Cemetery Providence, Co	ADDRESS		

C. Harry Weer

THE REPORT OF THE PROPERTY OF

BUREAU V. &

9961 81 100

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

9605

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09608 Reg. Dist. No. 7/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	1
MARYLAND MARYLAND	STATE MARY BALL COUNTY	DERALL
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
Y TOWN (in this place)	TOWN //NIONTOWN	/ 4
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
DECEASED / ALLED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) WAUMA K BUI	17 hohr DEATH OF	C4 195.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE isst birthday If under Months	1 year If under 24 br
(Specify) NI (Specify) NI ANGE	7-9-1864 91 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
notice wife one of working the eyes it restreet on the house	MARY/ANC	COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
NEREMIAS MECH	BARDARA (lintaline	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Amy BARAII - SAMO	AD
		a li and
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	(1) 0/ 1-5 (1)	ONSET AND DEATE
422,2 My corolli	(ch) Hyphili (ahi)	
Immediate cause (a)		-7-land
Antecedent cause(s)	and the second	
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
132. DATE OF OPERATION 136. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No B
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
242	West 2.1	
22. I hereby certify that I attended the deceased from	7, 19,40, to 7, 19,50, that I last as	w the deceased
Del 22.55	2319	
alive on, 19 and that death occurred at	m., from the causes and on the date sta	ated above.
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
W. C. Sunda kin fo.	intumstor had - A	81-24-55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
(REMOVAL (Specify) 10-26-14-2 10, 118/4 1	rope beelerist 60.	mac
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS
REGU/25/55 Margaret T. Cirglar	XoilD. Wells winter	d. mol

BECEIVED

OCT 27 135

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	0960
9898	CITI		OT	A TOTAL MITT		7

CERTIFICATE OF DEATH

9 Reg. Dist. No.

10 1800 FLOMBARD ST.

1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DECEAS	ED:
COUNTY Carroll	MARYLAND	STATE Md	county Prin	ce Coorne
CITY (If outside corporate limits, write R	MARYLAND URAL! LENGTH OF STAY		corporate limits, write RURAL	
OR and give nearest town)	(in this place)	OR TOWN		
HOSPITAL OR Sykesvi	lle 42 years		?????	16x-2
INSTITUTION OR		STREET ADDRESS	(If rural give location	n)
15 STREET ADDRESS Springfiel d	State Hospital		????	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) Betts		Butts	OF DEATH: Octo	17 1955
5. SEX: 6. COLOR OR 7. SINGLE,	MARRIED, 8. DATE	OF BIRTH:	9. AGE last birthday IF UNDER	
RACE: WIDOWE (Specify)	in Divorced.	1 077	? 814 ? yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10s	B. KIND OF BUSINESS	III. BIRTHPLACE	(State or foreign country): 12	CITIZEN OF WHAT
work done during most of working life, even if retired): ????	OR INDUSTRY:			COUNTRY?
13. FATHER'S NAME:	3333	????		????
15. FAITIER S NAME:		14. MOTHER'S M	IAIDEN NAME:	
????		????		
(Yes, no, or unk.) (If Yes, give war or dates	16. SOCIAL SECURITY NO.	17. INFORMANT	& ADDRESS:	
???? of service)	2222	Records of	Springfield State	Hospital
	8. MEDICAL CERTIFICAT		opi me reio buave	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
40,1				
IMMEDIATE CAUSE	(A) Coronary oc	clusion		minutes
ANTECEDENT CAUSE (8)	DUE TO			
DISEASES OR CONDITIONS, IF ANY.	(B)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
	(C)			
II OTHER SIGNIFICANT CONDITIONS CO				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DE	Schizophre	nia, hebephr	type more	than 42 yrs
	FINDINGS OF OPERATIO		*	20. AUTOPSY?
				YES NO A
21a. ACCIDENT WAS UNDERLYING 211	B. PLACE (Home, farm, fac	torul 21- WHERE	DID (City or town) (Cou	
OR CONTRIBUTING CAUSE OF DEATH OF	INJURY street, office bldg.,	etc. INJURY OCCL	DID (City or town) (Cou JR?	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	21E INJURY OCCURRED) Late How DID		
OF INJURY	While Not while	2 IF. HOW DID	INJURY OCCUR?	
M.	at work L at work L		ASSESSMENT OF PART OFFI	
22. I hereby certify that I attended the	e deceased from Spt.	.1., 191,7, to de	t. 77, 1955, that I las	st saw the deceased
alive on Oct. 16 1955 , and	that death occurred at	6400 AM from t	he courses and on the date	stated above
		ADDRES	SS DA	TE SIGNED
Martin Gross, M		. D. C. 1	Oct	17, 1955
23. BURIAL, CREMATION, DATE THEREO	NAME OF CEMET	ERY OR OREMATOR	LOCATION (City, town,	or county) (State)
REMOVAL (SPECIFY)			OL 295 GREEN	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL	DIRECTOR	ADDRESS
	my deers	N) Altoll	Pro 1800 F LON	
	Y-	VIOLOGICA V II	TOUR LUI	TO AND SI

BEAU V. E.

THE RESIDENCE OF STREET AND STREET AND STREET STREET, AND STREET STREET, AND S

THE AREA THE DIRECTOR OF THE PROPERTY OF THE P

9961 61 100

09610 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9807

CERTIFICATE OF DEATH

Reg. Dist. No. 74

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland COUN'	тч
CITY (If outside corporate limits purite BUBALLENCTH OF ST	AY CITY (If outside corporate limits, write RURAL an	d give nearest town)
OR and give nearest town) Yown Henryton (in this place) 415 Days	TOWN Baltimore	3 VO 1 - 14
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	
3 STREET ADDRESS Henryton, Maryland	530 Johannsen Street	V_
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
(Type or Print) NOTWOOD	Calloway DEATH: 10- 9-	1955
RACE: WIDOWED, DIVORCED,	9. AGE last birthday: IF UNDER I VE	
Male Negro (Specify): Single 5	OR 11 BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
work done during most of working life, INDUSTRY:		U. S.
even if retired): Painter Self Employed	New Orleans, Louisiana	0. 0.
	Arnita Gray	
Samuel Calloway 15 Was Deceased Ever In U.S.Armed Forces? 16. Social Security No.:	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of		- Olmont
No service) 212- 20-7901	Norwood Calloway - 530 Johanns	en Street
18. MEDICAL CERTIFICA	ATION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
002X Fam advanced hi	Tatawal mulumanum dubamanlanda	
rar advanced bi	lateral pulmonary tuberculosis	
DUE TO WITH CAVITATI	ion	
Antecedent causes (s) Diseases or conditions, If any,		
giving rise to the above cause	••••	
Staving the underlying cause rate.		
(c) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO)N	20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str SUICIDE OF office bldg., etc.)	reet, (CITY OR TOWN) (COUNTY) (S	TATE)
IIOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work ☐ At Work ☐		
22. I hereby certify that I attended the deceased from8-2		saw the deceased
alive on10-97, 1955, and that death occurred at (Degree or title)	ADDRESS DA	TE SIGNED
1.1-18 April, M.D	Henryton, Maryland 10	-9-55
A E MAURICI OCI II I	DICAL SCHOOL 29 S GREEN S	ST HO
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-9-55 albert 17. Swansham	School Bro 1800 FLOMBI	1RD 57

9561 FT 100







9698 CERTIFICATE OF DEATH

Reg. Dist. No.

			O TIGHTAY DEGREENING (Y	TORKET OR THROPIAGE	D.		
1. PLACE OF DEAT COUNTY C	arroll	MARYLAND	2. USUAL RESIDENCE (I	_	FYNT		
CITY /If avealda	corporate limits, write RUR.		CITY (If outside corpora			nearest ((cown)
HOSPITAL OR INSTITUTION OF STREET ADDRESSED	R		STREET ADDRESS	(If rural, give lo	ocation)		1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (M	onth)	(Day)	(Year)
(Type or Print)	CHARLES	EDWARD	COISON	DEATH	Oct.	6,	19 55
5. SEX male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify DIVORCED, d	8. DATE OF BIRTH 3-4-1908	9. AGE last birthday	If under.	I year If Days H	under 24 hrs. ours Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired) R.R. Shops	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State of Maryland		12.	CITIZEN PUNGRY?	OF WHAT
13. FATHER'S NAM	AE .		14. MOTHER'S MAIDEN	NAME			
	Charles 0.	Colson	Mattie Fis	ner			
15. WAS DECEASED E (Yes, no, or unknown)	(If year, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Ida May Crab	b, Woodbir	ne,Md.		
700							L BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH					AND DEATH
7511	.4	Da lierar &	A D.	· lain			
Immedia	te cause (a)	in warring,	Caronay lare	must ,			
Diseases or giving rise	conditions, if any, to the above cause underlying cause last (c)	Considerant,	h dearen, Ca	eda ede	ua.		
Conditions contrib	TCANT CONDITIONS outing to the death but not ase or condition causing deat	ch.					
19a. DATE OF OPE	ERATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AU	TOPSY?
					and a second	Yes [No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) ((COUNTY)	(ST	'ATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby cer	tify that I attended th	e deceased from April	1904, to 60cf	19 5 5, that	I last sa	w the	deceased
alive on 6 SIGNATURE	Det 1955, an	d that death occurred at (Degree or title)	5:30 A m., from the	causes and on the		DATE	SIGNED
23. BURIAL, CREM REMOVAL (Spe BURIAL)	MATION DATE		japel	Carroll C			(State) nd
DATE REC'D BY			C. M. Walt:	z, Winfiel	d,Mar	ylan	ESS C

Cetarris Hearthitemill St.

DECENTED

5351 77 100

DIREAU V. S.

PLEASE

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

9699 CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

09612

Reg. Dist. No. 26

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1
-	CY/VYCC MARYLAND	1 million	anoll
	OR give pearest town) (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place)	OR	nearest town)
1	HOSPITAL OR MSTRUMEN // 451.	STREET (If rural, give location)	les !
0	INSTITUTION OR STREET ADDRESS (MINISTER RA).	ADDRESS West Manualee R	0#5
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	(Type or Print) / ##OM# 3	CONOVICH DEATH	2 1943
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (Specify)	Mary 10, 1898 2 ym. 1	Days Hours Min.
	10a. USUAL OCCUPATION (Cive kind of work done during most of working life even if retired) INDUSTRY	aklahoma.	CITIZEN OF WHAT
_	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
			•
	15. WAS DECRASED EVEN IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No. (Yes, no, oy unknown) (If yes, give war or dates of 2/6-/0-5542 MARCHANA SECURITY NO.	m. and Address Wes	d. PDH 5
1	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	976 Ammediate cause (a) Dunshat won	und of Lest.	number
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	<i>(</i>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
20	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1			Yes No D
	21. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING OF office pide,, etc.) CAUSE OF DEATH.	(CITY OR TOWN) (QOUNTY)	u STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY OCCURRED While at Not while INJURY OCCURRED While at work at work	HOW DID INJURY OCCUR?	
	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decegrom: notural causes , accident , suicide , homicide ,	ased died on the day stated above, and death in my a undetermined .	opinion resulted
	SIGNATURE J. Worsh Relies	Termun Washumah Mil	Let 3/13
1	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) OCY. 5/957 Meson	RY OR CREMATORY LOCATION (City, town, or count)	eister Med.
-	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 10-3-5-3 Stand Prullin	24. FUNERAL DIRECTOR 2. S. Mylos, n. Wysthman	ADDRESS VILLE

BUREAU VI

. 9261 9 1162

DEALEN



9610 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Prusel
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
Y OR give hearest town free les (in this place)	TOWN Rural - Of meresville	. X
HOSPITAL OR INSTITUTION OR COLUMN STREET ADDRESS Collections.	STREET ADDRESS Characters, give location)	/
3. NAME OF (Eint) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	wrend DEATH Oct.	27 85
5. SEX 6. COVER OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2-23-1884 // yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even diretted) INDUSTRY	md. Z	COUNTRY?
13. FATHER'S NAME	Manda Olasher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	Ille, md.
IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
T DIODACES OF CONDITIONS DIDECTIVE FADING DEATH AND	ronong Thromboris -	ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, (b) Found deed	e on floor.	
giving rise to the above cause atting the underlying cause last	0	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 1
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	1.10
156.1	0, 19, to 18/27 , 19.0 , that I has	not He
10/0-15	MA	
alive on 19 19 and that death occurred at	ADDRESS and on the date st	nated above.
SIGNATURE / Company Depleter	Cowow. Ballecente Md	1 10/27/55
23. BURIAL, CREMATION, DATE REMOVAL (Specify) 10-29-55 NAME OF CEMETE		md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 TUNERAL DIRECTOR	ADDRESS
Qix. 28, 1753 (c. crairy Thus	Mutur N. Hargax - Maghandl	b, m4.
	, , , ,	

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BUREAU V. S.

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AL and give nearest town)

(Year) 55 19 ER I YEAR IF UNDER 24 HRS.

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Intervai Between And Death

(STATE)

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UNFADING Physicians:

PLAINLY, WITH important.

PLEASE WRITE

especially

13

MARGIN RESERVED FOR BINDING

9511 CERTIFICATI	Reg. Dist. No. 82. 8.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Y TOWN rural - Sykesville 42 yrs	CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN RuralSylesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS
3. NAME OF DECEASED: (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Oct. 12 19 55
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 H 67 Yrs. Months Days Hours Min
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): carpenter general	R II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WE COUNTRY? Maryland U.S.
Ira A. Davis	Eva J. Henry
15 WAS DECEASED EVER IN U.S. ARMEO FORCES 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:
no service) 219-12-1016 M	rs. Nina Davis, Sykesville, Md.
18. MEDICAL CERTIFICATI	IQN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Harmonia Harmonia	leurrhage 18hz
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause to the above cause	anlaw Disease

OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

(c)

20. AUTOPSY ? Yes No

(COUNTY)

2I. ACCIDENT SUICIDE (Specify) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY

OF INJURY INJURY OCCURED While at Work Not While At Work

PLACE (Home, farm, factory, street, OF office bldg., etc.)

HOW DID INJURY OCCUR?

(CITY OR TOWN)

22. I hereby certify that I attended the deceased from/ ,1925 , to 1925..., that I last saw the deceased alive on from the causes and on the date stated above. and that death occurred at SIGNATURA DATE SIGNED (Degree or titie) ADDRESS

BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

Church Of God

Carroll FUNERAL DIRECTOR

Waltz. Winfield, Maryland

Co.

LOCATION (City, town, or county)

Lionan

BUREAU V. S.

9361 87 100

DECENTED

Cieta 14 155 Total 17 Hourth.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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VS. A15-

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09615

9612 CERTIFICAT	TE OF DEATH Reg. Dist	. No. 77
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY RANDEL MARYLAND	STATE ME COUNTY QUE	noll
CITY (If outside corporate limits, write RURAL, LENGTH OF STA		nd give nearest town
TOWN Hountsteed Rued Tyes	TOWN Hampstead. 18	may x
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	
3. NAME OF (First) (Middle) DECRASED: E A A A A A A A A A		Day) (Year)
(Type or Print) CLLA - M - DAWE		9 1955
5. SEX. 6. COLOR OR 7. SINGLE. MARRIED. 8. DAT WIDOWED, DIVORCED. (Specify)	PE OF BIRTH: 9. AGE last birthday Months E yrs.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS		CITIZEN OF WHAT
work done during most of working life, even if retired)	Wash. be.	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Rhodes	Elly Eckland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give var or dates of service)	mis Sthel White, Hum	epstead Hu
18. MEDICAL CERTIFIC	ATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Level	tral Demontoge trasive C.V. Deisus	2 mo
ANTECEDENT CAUSE (8)	tensive C.V. Dures	1540
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		, , ,
(C)		100
	Cerebial Generalia e	7400
DISEASE OR CONDITION CAUSING DEATH,		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATI	ION	YES NO TO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bid (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
OF INJURY While While at work at work	1 10 1 -1	
22. I hereby certify that I attended the deceased from	1, 1948, to Oct. 9., 19, that I last	nam the decease
04 0 55	26	
alive on		stated above.
m. C. Carter here	1/a and only and mad	10-9-51
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	M. D. CREMATORY LOCATION (City, town, or	county) (State
REMOVAL (SPEGIFY) 16-12-1955	Pauls Bulto es	my
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

LEEAU V. S.

S501 77

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09616 9613 CERTIFICATE OF DEATH Poor Diet No. 26

	iteg. Dist.	1100
I. PLACE OF DEATH:	2. USUAL RESIDENCE, (HOME) OF DECEASED:	7)
COUNTY	man md	Da - PI
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY An outside corporate limits, write RURAL a	and the second second
OR and give nearest town (in this place)	OR TOWN Page of With the RORAL at	X
HOSPITAL OR	STREET (If rural give location	
STREET ADDRESS (P.Z 3	ADDRESS Q.D. 5	/
3. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) FL/ZA ANNE	(Last) 4. DATE (Month) (Day OF DEATH: () CLOSE()	(Year) 1955
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, MARRIED, Specity: WIDOWED, DIVORCED, MARRIED, MARRIED, WIDOWED, DIVORCED, MARRIED, MARRIED, MARRIED, WIDOWED, DIVORCED, MARRIED, MARRIE	OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months De	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	R II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
13. FATHER'S NAME:	11. MOTHER'S MAIDEN NAME:	
John J. Edmundson	baner dane arrist	٠
(15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 Yes, no, or unk.) (1f Yes, give war or dates of service) service)	INFORMANT & ADDRESS: P.D. 5	. Mr.d.
18. MEDICAL CERTIFICAT	TON L. Wary Warmington	11100
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	Interval Between
1/1/2 X X 1/1	De 20 1 15	Onset And Dea
Immediate cause (a)	(TECONYCLUSALION	10 The
Antecedent causes(s)	0	_
Diseases or conditions, if any,	enal Disease	2711
stating the underlying cause last. DUE TO		1
(c)		
I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
		Yes No
ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
THE WORK	1 1100 0 4 1	
22. I hereby certify that I attended the deceased from Que	1,1955, to Oct. 1, 1955 that I last	saw the decease
alive on Sect. 2019 2 and that death occurred at	2. a.M., from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS AUG BOY	Z Z Z
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	CRY OR CREMATORY LOCATION (City, town, or eo	unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS
19-3-55 Hamet miller	Al Sankard Hon Westmind	D Mole
J. Fourt		

BUREAU V. S.

OCT € 1955

DECEIVED.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9614 CERTIFICATE OF DEATH Reg. Dist. No. 7H

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	: ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COUNTY Carroll MARYLAND	STATE Maryland county Cits	Ballio.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at	nd give nearest town)
X Town Sykesyille Imonth 3days		3 X - 2
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS	1
15 STREET ADDRESS Springfield State Hospital	510 Park Avenue	V
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (DOF DEATH: October 1	(Year) 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y Months Dr.	EAR IF UNDER 24 HRS.
Male White (Specify): Widowed 11-2	5-80 74 yrs.	Alours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Veterinarian		COUNTRY?
13. FATHER'S NAME:	1 Germany [Inknown
	14. Mother of Manger Hame.	
Ferdinand Domnosky	Henrietta Domnoskey	
15. WAA DECKASEO EVER IN U.S. ARMEO FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital records	
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Cerebral V	ascular accident	Davs
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, (B) Arterioscle	erosis coneral	Years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	e de la companya de l	Tears
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS assort TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. With psychological property of the process of the psychological process of the psychologica	ociated with senile brain dis.,	1 month
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-2;	3, 1955, to 10-19., 1955, that I last	saw the deceased
alive on 10-19 , 19/55 , and that death occurred at		tated above.
Allewed Elishan M	.D. Springfield State Hosp. 10)-19-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ERY OR CHEMATORY LOCATION (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	DDRESS
DATE REC D'BT LOCAL REGISTRAR'S SIGNATURE	THE PUNCTURE TOR	JUDIESS M

SECELVED OCT 24 1955

BUREAU V. E.

MARGIN RESERVED FOR BINDING

9615

CERTIFICATE OF DEATH

Reg. Dist. No. 74

I. PLACE OF DEAT	LH.		2. USUAL RESIDENCE (A T T T T T T T T T T T T T T T T T T T
	vkesville Marv corporate limits, write RUR	land MARYLAND	Maryland		Howard
CITY (If outside t	corporate limits, write RUR.	AL and LENGTH OF STAY	UB.	ate iimits, write RURAL	40.10
X TOWN Rura	l: Sykesville,	Md. 1 Mo. 6days	TOWN Ellicot		138-2
HOSPITAL OR INSTITUTION O		State Hospital	STREET ADDRESS	(If rural, give foca	ation)
STREET ADDRE	ESS SPITINGITED	Boade Hospidai	Main	Street	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mor	
DECEASED (Type or Print)	Joseph Ridgely	Dyson		OF DEATH	21 1955
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under, I year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Married	10-15-65	90 yrs.	Months. Days Hours Min.
10a. USUAL OCCUP	PATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of	working life, even it retired)	FARM WORK	Marvland		COUNTRY? U.S.A.
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN	NAME	
John Dys	on		Anna Dysc	n	
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND		
(Yes, no, or unknown)	(If year, give war or dates of service)	NONE	- Hospital re	cords	
/					
I DISPASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATE
1. DISEASES 41. 2	0.1				
Immedia	te cause (a)	Coronary Occlusion			5 hrs.
Antecede	ent cause(s)	O	analamanta		****
Diseases or	conditions, if any, (b)	Generalized arteri	oscierosis		years
giving rise	to the above cause underlying cause last	·			
II. OTHER SIGNIE	FICANT CONDITIONS	Chronic Brain Synd	rome associated	with senile	brain
C 3141 4 15	buting to the death but not	h disease, with ps	webstie reaction	n	years
related to the dise	ERATION 19b. MAJOR 1	FINDINGS OF OPERATION	Actionic Leaguing	и	20. AUTOPSY?
O'COLO DATE OF OLD					Yes 🖂 No 🎮
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (CC	OUNTY) (STATE)
SUICIDE	OF INJU	office bldg., etc.)			_
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
-		0.37	77 30 01	pe pe	
22. I hereby cer	tify that I attended th	e deceased from 9-15	, 19.55., to10 - 21	, 195.5, that I	last saw the deceased
11mm am 11	0-27 10.55 am	d that death occurred at	enn Am from the	causes and on the	data stated shove
SIGNATURE	[N 1	(Degree or title)			
BIGNATORE	germale lu.	15 mm (h. 1)		field State F	10-21-1066
23 Contiarudeni	ATION OSBATEM.D.	I NAME OF CEMETE	RY OR CREMATORY	LOCATION VERLY YEARS	or county) (State)
REMOVAL (Spe	(ify) 10/2//	55. PROVIDEN		11 1 (1	ounty, Md.
DATE REC'D BY	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO	BUNHA	ADDRESS
REC	0 /	-/		(nt-	1//2 2 G m
WAT. 21,19	955 6 Har	exy well	Gaston &	was, wo	raview 10, 11 de

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BUREAU V. S.

MADNIAND COADE DEDADTMENT OF UEALTH DALTIMODE 19

MARILAND STATE DEPARTMENT OF HEALTH—DALITMORE, 10	reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 74
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL or and over nearest town) X TOWN Sykesville LENGTH OF STAY (If outside corporate limits write RURAL and OR OR TOWN Baltimore (31)	give nearest town)
HOSPITAL OR STREET ADDRESS Springfield State Hospital STREET (If rural, give location) ADDRESS 1807 Bank Street	1
3. NAME OF (First) (Middle) (Laat) 4. DATE (Month) (Day DECEASED: OF OF DEATH OCTOBER 2'	4.4
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Specify): Divorced 6-17-95 8. DATE OF BIRTH: 9. AGE last birthday: Funder I will be supported for the support of the support o	Hours Min.
work done during most of work life, even if retired): Farm work Committee: Tennessee	COUNTRY?
13. FATHER'S NAME: Samuel Eaton 14. MOTHER'S MAIDEN NAME: Ellen Elizabeth	?
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of No service) 16. Social Security, No.: 17. INFORMANT & ADDRESS: Hospital records	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEE
Immediate cause (a) Pulmonary Embolism DUE TO	Days
Antecedent cause(s) Diseases or conditions, if any, (b) Bilateral Bronchopneumonia giving rise to the above cause DUE TO setating underlying cause last (c)	5 days
IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS assoc. with diseases of unknown or DISEASE OR CONDITION CAUSING DEATH. Unspecified cause with psychotic reaction.	3yrs.+
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🔀 No 🗌

21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING ACAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg, etc., INJURY HOSPITAL (Day) (Year) (Hour) 21e. INJURY OCCURRED
While at Not while 21d. TIME (Month) Not while work at work X

(State) (County) 21c. (City or town) Carroll Sykesville C: Pt. fell in shower room -

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and Natural causes [], Accident [], Suicide [], Homicide [], find that death resulted from: Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE M. D.

23. BURIAL, CREMATION, THEREOF REMOVAL (Specify):

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

ADDRESS

DATE REC'D BY

24. FUNERAL DIRECTOR

SE PLEA

The correct

and legibly. carefully.

death clearly

every item of information

BINDING

FOR

MARGIN RESERVED

UNFADING INK. Physicians: please

especially important.

PLAINLY

WRITE

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Z W UASIUM X Z - E1-8 AOA

THE WAR THE PART OF STREET STREET, STREET STREET, STRE

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1962)

CERTIFICATE OF	CTIFICATE OF DEA	ATH
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Reg. Dist. No. 7 4

9517 CERTIFICAT	Reg. Dist	. No. / T
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY Carroll MARYLAND	state Maryland county	
CITY (If outside corporate limits, write RURAL or and give nearest town) (in this place) Town Rural - Sykesville since 5/11/	AY CITY(If outside corporate limits, write RURAL	3 VO /- 4
HOSPITAL OR Springfield State Hospital	STREET (If rural give location)	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Harry Williamson	(Last) 4. DATE (Month) (I EDSON OF DEATH: October	Day) (Year) 19 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORCED, \$ -	9. AGE last birthday F under 1 Months E	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	Junahamton	COUNTRY S
unicione William Edson	14. MOTHER'S MAIDEN NAME: unknown	
(Yes, no, or unk.) (If Yes, give war or dates unknown of service) unknown	Records of Springfield State H	ospital
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) Bronchopne	umonia	2 days
ANTECEDENT CAUSE (S)		more than
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalize DUE TO	ed arteriosclerosis	5 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CO	e brain disease more	than 5 mos.
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATI	ON	20. AUTOPSY!
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Count in Jury occur)	ty) (State)
OF INJURY OF INJURY M. 21E INJURY OCCURR While Not while at work at work	ED 21F. HOW DID INJURY OCCUR?	
mer som ho	at 7:18PM, from the causes and on the date ADDRESS M.D. Sykesville. Md.	stated above. re signed
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME REMOVAL (SPECIFY) Burial 10/24/55 St. Peter	S Cem Balto Md	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	I'm FUNERAL DIRECTOR	Sallo 17 Me

MARYLAND STATE DEPARTMENT OF HEALTH DALTIMODE 10

	MARTLAND STATE DEFARTMENT OF MEALIN-DALITMORE, 10		Reg. Dist.
		ATH	No
	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECE	ASED:	
	COUNTY CARROLL MARYLAND STATE COUNTY		
10810	CITY (If twelde corporate limits, write BURAL OR and rive nearest town) A, Ry Sin flys place) TOWN TOWN TOWN A, RY LENGTH/OF STAY OR OR OR TOWN BALF, MORE		give nearest town)
y calle	HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 S. STREET,	e location) C K E,	e St
Croar		r 6	1955
חבשתיי	(Specify: Names Specify: yrs.	Months Day	ys Hours Min.
10 00	10a. USUAL OCCUPATION (Give kild of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of york life. 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) (Sta		CITIZEN OF WHAT COUNTRY?
Caus	13. FATHER'S NAME: THE BARTH		
erra en	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no or unk.) (If Yes, give war or dates of 16. B-A36718 NANCY ANE CVANS 3	37 8.A	fricker &
WEI	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
D C C C C C C C C C C C C C C C C C C C	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
d,	DUE TO		
112	Antecedent cause(s) Diseases or conditions, if any, (b)		yes.
SICIS/	giving rise to the above cause DUE TO stating underlying cause last (c)		
7 7 7	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
ortan	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
dunt	21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bldg., etc., INJURY) (County of town))	(State)
cially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work at work 2		
Spe	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Insp		
<u> </u>	find that death resulted from: Natural causes , Accident , Suicide , Homicide , SIGNATURE CHIEF MEDICAL EXAMINE	ondetern	DATE SIGNED
96	M. D. DEPUTY MEDICAL EXAMP	м. 🗆	10/6/53
	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, BEMOVAL (Specify): Oct10-1955 MORGAN Chape Cem Wood bin		n d
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATUREY	1200	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful MARGIN RESERVED FOR BINDING

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- 10 - 53	
VS. A15	

9519 CERTIFICAT	E OF DEATH Reg. Dis	t. No. 74
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATE Marvland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)		and give nearest town
X TOWN Rural - Sykesville 6 Mos. 5 Da		3V01-4
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
Street Address Springfield State Hospital	931 East 41st Street	
B. NAME OF (First) (Middle) DECEASED:	(Last) 4, DATE (Month)	Dny) (Year)
(Type or Print) RUBY B.	GARDINER DEATH: 10	6 1955
Female White Specify: Widowed 3/2	27/85 70 yrs.	Days Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): housewife	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
3. FATHER'S NAME:	Baltimore, Maryland	USA
James P. Wakeland	Hannah S. McFadden	
. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Hos	spital
16. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 334 × IMMEDIATE CAUSE (A) Uremia	TION	ONSET AND DEAT
DUE TO		days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)		**
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral are		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
IIA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, farm, contributing Cause of Death of Injury street, office bldg if either, notify medical examiner)	ctory. 21c. WHERE DID (City or town) (Cour., etc. INJURY OCCUR?	(State)
DE TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/2	H.S.I.	
alive on 10/6 55, and that death occurred at	ADDRESS DA	TE SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, o	r county) (Star
DURIAL 1/0//0/35 CATHEO	24. FUNERAL DIRECTOR	ADDRESS

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Physicians

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Supply every item of information carefully.

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	OR
10 - 53	TYPE
S. A15 — 10 - 53	LEASE
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	MENT OF HEALTH—BALTIMORE, 18 09623
9620 CERTIFIC.	ATE OF DEATH Reg. Dist. No.
1, PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL LENGTH OF OR and give nearest town) (in this pl	lace) OR
	22days Town Baltimore (13) 3V01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospits	al STREET (If rural give location) ADDRESS 2716 Pelham Avenue
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) IDA ANTOINETTE.	GERNHART OF DEATH: October 28 1955
	DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JEAMSTRESS H.BERLIN QLOTHIN	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Knorr	ANNA ERPENSTEIN,
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	No. 17. INFORMANT & ADDRESS: Hospital records
18. MEDICAL CERT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	H ONSET AND DEATH
IMMEDIATE CAUSE (A) Uremi	a two weeks
ANTECEDENT CAUSE (S)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	ic Glomerulonephritis years
STATING UNDERLYING CAUSE LAST.	tensive cardiovascular disease years
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DOLISM,	associated with disturbance of meta-
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPE	RATION dis., with psychotic reaction. 20. AUTOPSY?
	YES NO E
21a. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, far or contributing 200 CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	orm, factory, ce bldg., etc. 21C. WHERE DID (City or town) (County) (State)
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCC While Not what work at work	hile 📉
22. I hereby certify that I attended the deceased from .	10-1-, 1955, to 10-28, 1955, that I last saw the deceased
alive on10-27-55, 19, and that death occurr	red at 8:22AM, from the causes and on the date stated above. ADDRESS DATE SIGNED
Walker of Junifelds	M.D. Springfield State Hosp. 10-28-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF (CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial Oct 31,1955 Holy Re	edeemer Cemetery Belair Rd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Schimunek Funeral Home Address

R. Madison Street

ANTHONY

1997 12000

E THE STREET SHE WE SHE WAS A STREET OF THE STREET OF THE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9596

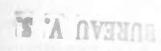
CERTIFICATE OF DEATH

09625 Reg. Dist. No. 26

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	.0
COUNTY Carroll MARYLAND	STATE M. COU	INTO asrall
CITY (If outside corporate limits write RURALLI FNCTH OF STAY	CITY (If outside corporate limits, write RURAL	
OR and sive nearest town) (in this place) TOWN (Shown of the control of the cont	TOWN (1) 18 trained to 2	27
HOSPITAL OR	STREET (If rural give location	on)
INSTITUTION OR 963 E. Main St.	ADDRESS 263 E. Main	,
3. NAME OF DECEASED: (First) (Middle) (Type or Print) GEORGE LESTER	(Last) 4. DATE (Month) (D. OF DEATH: OF .	(Year) 7 19 5 5
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday: IF UNDER 1 25-1887 (9 yrs. Months)	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF	R 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHA
work done during host of working life, INDUSTRY:	md.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME:	0,3,
Deorge G. Duider	Wate Wheat	
15 WAS DECRASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS: Hopkense	ule, ITy.
rue 1 service) W.W. 1 213.09-8165 m	mJ.D. POITORF	
18. MEDICAL CERTIFICATI	ION	Interval Betwee
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Deat
Immediate cause (a) Cardia (leconjensary	10days
Antecedent causes (s)	. 4	T.
Diseases or conditions, if any, (b)	suffering	3 years
giving rise to the above cause stating the underlying cause last. DUE TO	11	
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) SUICIDE (Specify) HOMICIDE (Specify) SUICIDE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY At Work □ At Work □	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Out	1,1954, to Och 9, 1955, that I las	t saw the deceased
alive on Oct 9 , 1955, and that death occurred at	10:35 PM from the causes and on the date	
(Degree or title)	ADDRESS A A TALL	ATE SIGNED
Julius Chepita Mills 13	of them, Washington Mil	19/1/155
22 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or of	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR / / / / / / / / / / / / / / / / / /	Handrand of an Westmans 1.00	ma

VS. A15

PLEASE WRITE



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OR WRITE PLAINLY, WITH UNFADING INK.

TYPE

PLEASE

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9622

CERTIFICATE OF DEATH

Reg. Dist. No. 74

oly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
Sii	county Carroll MARYLAND	STATE Maryland county Fred	lerick
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
nd	OR and give nearest town) (in this place).	OR 5	
es	A real of place of the	/ /	-35-2
rly	HOSPITAL OR INSTITUTION OR Springfield State Hospital	ADDRESS 2 TM - 1 th Clip Cd	
ea	/5 STREET ADDRESS Springileid State Hospital	3 West "C" Street	et 🗸
10		(Last) 4. DATE (Month) (Day) (Year)
death clearly and legibly	DECEASED: (Type or Print) Charles Henry	HAHN OF DEATH: October	
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
of	RACE: WIDOWED DIVORCED	2 77 7855 700 Months I	
	male White (Specify) Octobe		
ns	work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
80	even if retired): unknown Unk-		country; ited States
he	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
دب	unknown	unknown	
please write the causes	15. WAR DECEASED EVER IN U.S. ARMED FORCEST 10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
*	(Yes, no, or unk.) (If Yes, give war or dates	Records of Springfield State	Hosnital
se	unknown of service) —— unknown		
leg/	18. MEDICAL CERTIFICAT	ilon	INTERVAL BETWEEN
Д	450.0		ONSET AND DEATH
203	MMEDIATE CAUSE (A) Bronchopneur	monia	2 days
Physicians:	ANTECEDENT CAUSE (S)		about
sic		arteriosclerosis	2 yrs.
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO	ar oct tosciciosis	2 3150
	STATING UNDERLYING CAUSE LAST.		
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ta		ain disease	about
boi	DISEASE OR CONDITION CAUSING DEATH.		2 yrs.
im.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
>			YES NO
especially important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR? (County) (State)		
is esp	21F. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from May	29 . 19.54 to Oct. 2/1 19.55 that I lost	saw the deceased
age	alive on Oct. 24, 1955, and that death occurred at 3:40P M, from the causes and on the date stated above.		
	signature on 2000 24 , 19 22 , and that death occurred at	ADDRESS DAT	stated above. re signed
correct	han form M. D. Martin Gross, M		/24/55
COL		ERY OR CREMATORY LOCATION (City, town, or	
	Bures 10-27-55 Park	1/2 14 B	(State)
		Aligales Elunseves	c, mo.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. CUNERAL DIRECTOR	ADDRESS

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Physicians:

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correct age

causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18	00620
9623 CERMITAL CAMPA OTA DELA MATA	UJAGI
CERTIFICATE OF DEATH Reg. Dist.	No. /
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED	3V01-4
COUNTY Carroll MARYLAND STATE Med COUNTY Ba	lo. City
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and re nearest town) (in this place) OR	nd give nearest (own)
X TOWN Sykesville 11 days TOWN 13 allumbre	City#6
HOSPITAL OR INSTITUTION OR Springfield State Hosp ADDRESS 2 400 Bowle	ye Lane
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (I	ay) (Year) L
	22 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW 5-24-99 36 yrs. Specify: Widow 5-24-99 36 yrs.	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country); 12.	OUNTRY2
even if retired): Hovsekeeper manyland	UIS.A.
13. FATHER'S NAME:	1
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS; 24	
(Yes, not sunk.) (If Yes, give war or dates 219-18-8784 Ruth Huth (daughter) 2	ene Balt, E
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
331X	ONSET AND DEATH
IMMEDIATE CAUSE (A) Control Hemosinge Rec	saay.s
ANTECEDENT CAUSE (S) DUE TO attended	1.101
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	years
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS associated with arterisedo	rois
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	AES NO [5]
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, factory. OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) (Counts)	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while	
M. at work at work	
22. I hereby certify that I attended the deceased from 10 - 11, 1955 to 10 -22, 1955 that I last	saw the deceased
alive on 10-23, and that death occurred at 0:35 M, Mm the causes and on the date s	tated above.
Unallet It los a conselection Comments led total Sorties	E SIGNED C/3 3/com
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, Jown, or	county) (State)
REMOVAL (SPECIFY) RURIAL 10-2655 OAK LAWN CEM 7225 EASTERN	RIVD. MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / 124. FUNERAL DIRECTOR ON S. CO.	ADDRESS
REGISTRARY 1/25/35 (1.W. Hechuck blushes & July BALTO.	24, MA

CARL U. SEPRETAS SERVICES IN THE CHARLES REVENUE ON THE The day was the state between the state of t Day State of the S

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09627

9624 CERTIFICATE OF DEATH

	U	00	1711
Reg.	Dist.	No.	74

1. PLACE OF DEATH:	2. USUAL RESIDEN	NCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATE Marvl	and county Cit	v
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place) X TOWN Sykesyille 25 days	OR TOWN Rel+	imore (2)	3401-4
HOSPITAL OR 25 days	STREET	(If rural give location)	3401-4
INSTITUTION OR	ADDRESS		
oblingiteid agage moshinar		East Pratt Stree	t
3. NAME OF (First) (Middle) DECEASED:	(Last)	4. DATE (Month) (Day) (Year)
(Type or Print) NELSON CROMWELL	HAM		12 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 8. DATE (Specify): Sep. 8.3-3		AGE last birthday IF UNDER 1 Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS		tate or foreign country): 12.	CITIZEN OF WHAT
even if retired): Hotel clerk Atolel	Virginia		U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAI	IDEN NAME:	4
William Henry Ham	Maude Eli	zabeth	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT &		
(Yes, no, or unk.) (If Yes, give war or dates Joseph -	Hospital	records	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) CHOPULA	psychotic res	lcohol intoxi-	wothers. Years
198. MAJOR FINDINGS OF OPERATION	N .		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR	D (City or town) (Coun	ty) (State)
	21F. HOW DID IN	JURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work			

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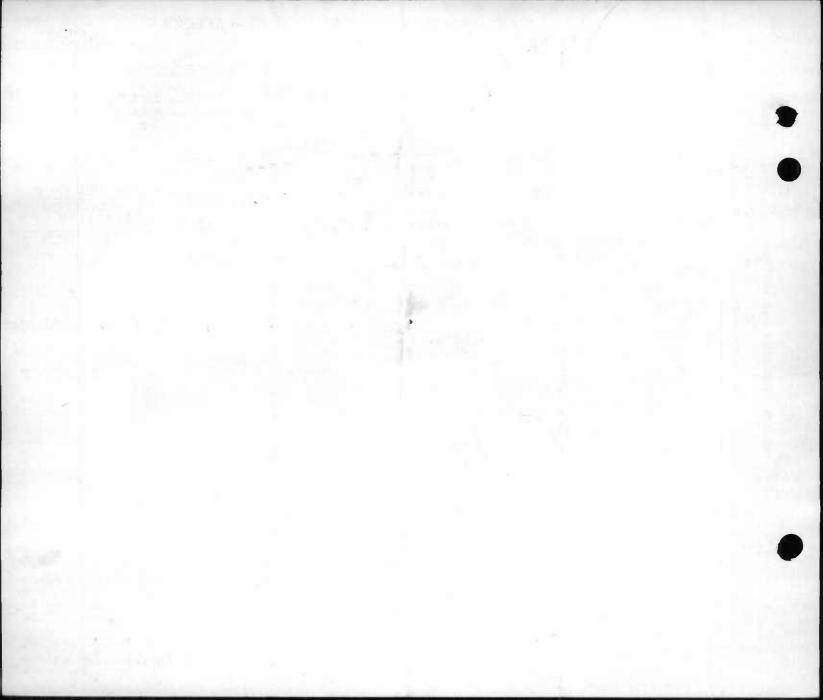
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THE REPORT OF STREET SECTION OF STREET

The second of the later to the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 9597 CERTIFICATE OF DEATH Reg. 1	Dist Q 628
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	0:
COUNTY Carrie MARYLAND STATE MA COUNTY les	mall-
CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL (in this place)	L and give nearest town)
27 TOWN Washington 8 yr. TOWN Washingto	~ 27
HOSPITAL OR INSTITUTION OR STREET ADDRESS / O Anita Drive ADDRESS / O Anita A	Drive /
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED: OF	(Day) (Year)
(Type or Print) / TARGARET / MERRITT / TAMILL DEATH: CLEAN	14 19 5 5-
RACE: WIDOWED, DIVORCED,	
female white (Specify): married Jan. 12, 1911 44 yrs. 10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHA
work done during most of working life, INDUSTRY:	COUNTRY?
even if retired): at home Baltimore, Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	USA
Ethington Merritt Annie Pohler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of	
(Yes, no, or unk.) (If Yes, give war or dates of scrvice) Mr. Leslie W. Hamill, 10 Anite	Dr. Westminst
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) Carcumona Ovary-	2 years
DUE TO'	, ,
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
199. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
	Yes No (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (COUNTY) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY M, work at work	
22. I hereby certify that I attended the deceased from 1955, to all 14, 1955, that I l	est saw the deceased
Palive on Let 13, 1955, and that death occurred at 3 m., from the causes and on the	date stated above.
	DATE SICNEL
(SIGNATURE 9 (DEGREE OR TITLE) ADDRESS 7	Ole 14-195
James J. Thanh M. D. Wishmuster Ill	\ (C4-4-\
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town,	, , ,
James J. Thanh M. D. Willmuster Mit	, Md.



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3. NAME OF

Female

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2I. ACCIDENT

INJURY

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REGISTRAR

5. SEX:

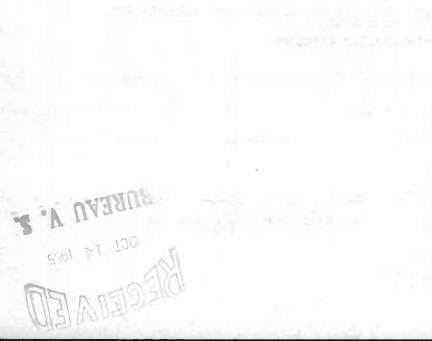
DECEASED:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 9625 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH: Carroll Maryland COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN 5 Davs Baltimore Henryton (If rural give location) STREET HOSPITAL OR INSTITUTION OR ADDRESS 551 Orchard Street Henryton, Maryland STREET ADDRESS (Day) (Year) 4. DATE (Month) (Last) (First) OF Harris 10-1955 Daisv DEATH: (Type or Print) 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH: 6. COLOR OR 7. SINGLE, MARRIED Months | Days Hours WIDOWED, DIVORCED, (Specify): Widow RACE: 55 yrs. 8-9-1900 Negro 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION Give kind of COUNTRY? INDUSTRY: work done during most of working life, Anne Arundel County, Md. even If retired): Domestic Private Home 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: ???? Parker Fletcher Tyler 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of Daisy P. Harris - 551 Orchard Street service) 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death (a) Far advanced bilateral pulmonary tuberculosis with cavitation 002X Immediate cause Antecedent causes (s) Cardiovascular disease Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes I No I (STATE) (CITY OR TOWN) (COUNTY) PLACE (Home, farm, factory, street, (Specify) office bldg., etc.) HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Work At Work 22. I hereby certify that I attended the deceased from 9-29-1955, to 10-4-, 1955, that I last saw the deceased alive on 10-4-, 13.55, and that death occurred at 4:15 P.M., from the causes and on the date stated above. (Degree or title)

SIGNATURE

NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) REME WAL

REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



WITH UNFADING INK.

OR WRITE PLAINLY,

TYPE

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 096

	CERTIFICATE OF DEATH	Reg. Dist.	No
ibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF MO.		
clearly and legibly	COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) Town STATE COUNTY CITY (If outside corporate limits, write RURAL (in this place) OR TOWN STATE COUNTY CITY (If outside corporate limits, write RURAL (in this place) OR TOWN RURAL RURAL OR TOWN RURAL RURAL RURAL OR TOWN RURAL		d give nearest town)
learly	HOSPITAL OR JPINGFIELS State HOJD. STREET ADDRESS (If rural of Street ADDRESS)	give location)	V
death c	3. NAME OF DECEASED: (Type or Print) Johanna (Middle) HESSLER 4. DATE (Mof DEATH:	onth) (Da	(Year) 1955
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthda: 87 yrs	Months Da	
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign con Control of the Control of Contr	untry): 12. C	OUNTRY?
	13. FATHER'S NAME:	Valley of	
please write the	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: HOSPITA U RECORD	5	
ea	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN
Id.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
ns:	immediate cause (a) Coronary Occlusion		
cia	ANTECEDENT CAUSE (S: DUE TO		
Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DUE TO	escular	
	(c) Desegue	HILLIE	
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
upo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7
			YES NO
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	(County) (State)
is esj	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?		
correct age	22. I hereby certify that I attended the deceased from 7 - 15 , 19 12, to 10 - 8, 19 55, alive on 10-7 , 19 55, and that death occurred at 5 and from the causes and or SIGNATURE ADDRESS M. D. SP2 in click	the date st	ated above.
COI	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (CREMOVAL (SPECIFY)		county) (State)
17		EBIV C	
	DECMETERAD 1/1 d/	POOE LI	ADDRESS MBARA ST

SEEL BY TOO

S.V. UASSILL

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

director, the third copy

s after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTICIC A TE OE 09632

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9527 CLK			LOF	DEA	4111	R	eg. Dist	. No	74	
1. PLACE OF DEATH			2. USUAL	RESIDE	NCE (HOM	E) OF D	ECEASE	D		
COUNTY Carroll	MARYL	AND	STATE	Mary.	land	COUNTY				
CITY (If outside corporate limits, write RURAL OR end give neerast town)	LENGTH OF	STAY	CITY (If		porete limits, wr		nd give nea	rest town)		
X TOWN Henryton	16 day		OR TOWN		imore				0/-	,,
HOSPITAL OR	1=-		STREET	Dar U	THIOT O	(If rural gi	ve location)		0/2	Super-
O3street ADDRESS Henryton State		1	ADDRESS	1321	Presst	man S	treet			1
DECEASED	Middle)		(Last)		4. DA	TE (Mo	nth)	(Dey)	(Yee	ir)
(Typa or Print) Mabel			ackson			ATH]	.0	29	19	55
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVE	ORCED,	8. DATE	OF BIRTH		9. AGE last	birthday	IF UNDER		IF UNDER	
Female Colored (Specify) Mar	ried	12	-17-04		5	O yrs.	Months	Days	Hours	Min.
	OF BUSINESS	S	11. BIRTHPLACE (State or for	eign country)		10	COUN	OF WHA	AT
retired) Domestic			Emporia	a, Va				COUN	IKTI	
13. FATHER'S NAME	17-15-11		14. MOTHER							
Junius Wyche			Dell	a Cai	ne					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECU	JRITY NO.		RMANT &						
(Yes, no, or unk.) (If Yes, give wer or dates of service)	None		De	ceas	hed					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		DICAL CE	RTIFICATION	-					VAL BETW	
	- 3617.1	m		2000				ONS	ET AND DE	EATH
	e Milia	ary Tu	berculosi	S						
ANTECEDENT CAUSE(S) DUE TO	liac Ins	suffic	ienest							
GIVING RISE TO THE ABOVE CAUSE	LLEC TIE	Juliac	rency					-		
STATING UNDERLYING CAUSE LAST. DUE TO										
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.										
19a, DATE OF OPERATION 19b, MAJOR FINDINGS C	OF OPERATION							20	AUTOPS	Y ?
21a. ACCIDENT WAS UNDERLYING □ 21b. PLACE (Home	town towns		21- Legistes Dip n.					YES		X
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bidg., atc.	j	21c. WHERE DID IN	JURY OCCI	UR? (City or to	wn)	(Cour	ity)	(Stata)	
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While A. at wo		while vork	21. HOW DID IN	JURY OCCI	UR?					
22. I hereby certify that I attended the decease alive on Oct 29 , 1955 , and SIGNATURE		occurred a	13 , 19 55 16.00P.M, 1	rom the	causes and ORESS (Street	on the o	date state	d above	the dec	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF	M.D.	R CREMATORY	nem.	yton, M		n, or county	1)-27-	ototo)
REMOVAL (SPECIFY) Buriel	mit	0	rary			20	, 01 600111)		(3	1010)

Swankhaur

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with The bottom copy may be retained by the hospital or attending physician.

certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. A15C 1-55 10M 2

10-29-55

HTARGRO STADENTED TWO AL James 13 West Street 1975 District Them District He cally used to BUREAU V. S. All the same of th UNFADING INK. Supply every item of information carefully.

PLEASE TYPE OR WRITE PLAINLY, WITH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09634 9528

CERTIFICATE OF DEATH

			17
Reg.	Dist.	No.	71

	, 02222	S OF DESIES	neg. 1	Jist. 140.			
. П. Р	PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DECE	ASED:			
gig	COUNTY Carroll MARYLAND	state Marvland county B					
	CITY (if outside corporate limits, write RURAL) LENGTH OF STAY and give nearest town) (in this place)		corporate limits, write RUR	AL and give nearest town)			
E XT	rown Rural - Sykesville 5Y 3M 27 D	W-011111	imore	3V01-4			
2 /	HOSPITAL OR	STREET ADDRESS	(If rural give locat	tion)			
s C s	Street Address Springfield State Hospital 1348 Glyndon Avenue						
3. N	NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)			
eat	Type or Print) IRVIN JOHN	KNAPP	DEATH: 10	12 1955			
ot	Male 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single 7.	/30/01	7. AGE last birthday IF UND! Months	Days Hours Min.			
0.5	USUAL OCCUPATION (Give kind of york done during most of working life. ven if retired): Salesman 108. KIND OF BUSINESS OR INDUSTRY: Broom shop		State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA			
e 13. F	FATHER'S NAME:	14. MOTHER'S MA		0011			
è	Franklin Benjamin Knapp	Catherine	e Easter				
13. WA	AR DECEASED EVER IN U.S. ARMED FORCESI 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:				
9 (168,	no, or unk.) (If Yes, give war or dates Unknowing service)	Record, S	pringfield State	Hospital			
ea	18. MEDICAL CERTIFICAT	10N		INTERVAL BETWEEN			
P I C	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH			
·· /	IMMEDIATE CAUSE (A) Gangrene of 1	both legs		1 vear			
ian	ANTECEDENT CAUSE (S)						
GIVI	EASES OR CONDITIONS, IF ANY. ING RISE TO THE ABOVE CAUSE ATING UNDERLYING CAUSE LAST. (B) Arterioscle: DUE TO	rosis		5 years			
ــــــا يَبِ	(C)						
E I	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	sis with menta	al deficiency	Psychosis-5 Y			
194.	DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V		20. AUTOPSY?			
				AER NO K			
ORCO	ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact ONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., ither, notify medical examiner)	etc. INJURY OCCUR		County) (State)			
S OF II	TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	NJURY OCCUR?				
	I hereby certify that I attended the deceased from 10/20	5, 1954_to 10	0/12, 1955, that I	last saw the deceased			
a a	alive on 10/12 , 19 55 , and that death occurred at		e causes and on the da				
S S S S S S S S S S S S S S S S S S S	almer of Johnsender of long	1	lle Marvian	10/32/55			
	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) 10-15-55 WILLIE W.		1317 St. Pau	106			
	TE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DI		ADDRESS			
REC	GISTRAR 55 P. STARK YILLIS						

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VS. A15 - 10 - 53

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	9635
		. No. 74
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town
X TOWN Rural - Sykesville since 4/30/5	town Baltimore City	3 VO1-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS 806 S. Bond Street	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Stanley - KC	(Last) 4. DATE (Month) (COPEC OF DEATH: October	Day) (Year) 11 1955
male white willower Febru	e of Birth: 9. AGE last birthday Frunces in Months I	PEAR 1F UNDER 24 HRS. Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life.	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): Laborer 0- Unk	Poland (naturalized) Un	ited States
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frank Kopec	Mary - Unch -	
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
no of service) — unknown	Records of Springfield State H	ospital
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) Bronchopneum	nonia	4 days
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B) Generalized	arteriosclerosis - more	than 3 yrs.
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
other significant conditions contributing Chronic to the death but not related to the disease or condition causing death.bral arterios	sclerosis, with psychotic reacti	on) 3 vrs.
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, farm CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etc. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	ty) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept	t. 2619.52 to Oct. 111955, that I last	saw the deceased
alive on Oct. 11 , 195 , and that death occurred at	t8:00 PM, from the causes and on the date	stated above. re signed
Martin Gross,	M.D. Sykesville, Maryland 10	/14/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR GREMATORY LOCATION (City, town, or	county) (State
Bussel 10-17-55 Millians	111	VIIA
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS

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PLEASE TYPE OR

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9630

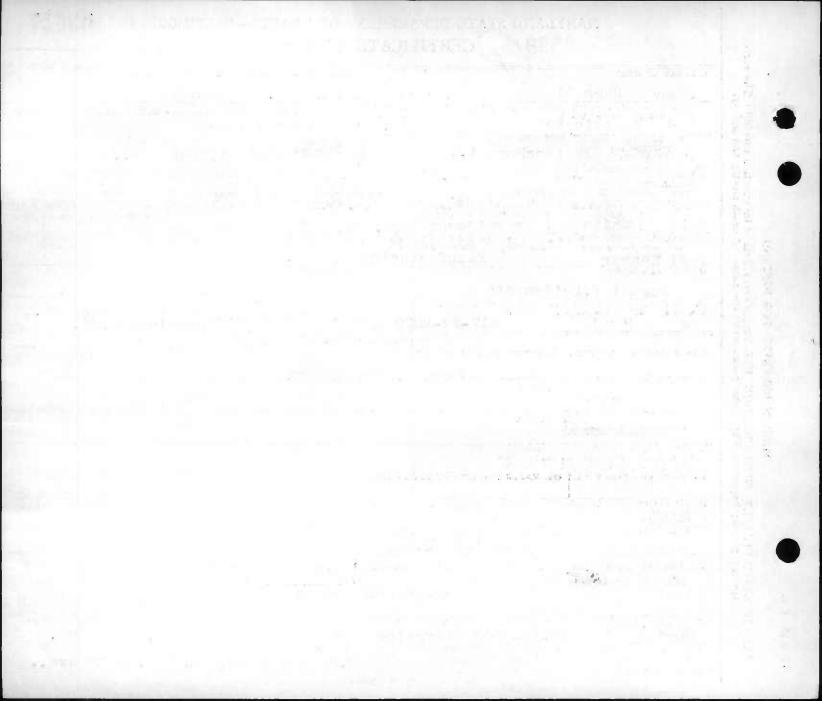
CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Baltin	nore City
COUNTY ATTOLL MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STA		
OR and give nearest town) TOWN Sykesville (in this place) 23Y 6M 1D		3401-4
HOSPITAL OR	STREET (If rural give location)	1
15 INSTITUTION OR STREET ADDRESS Springfield State Hospital	ADDRESS 3007 Overland Avenue	¥
3. NAME OF (First) (Middle) DECEASED: Pauline B. K.	OF	Day) (Year)
(Type or Print)	TE OF BIRTH: 9. AGE last birthday I FUNDER 1	22 1955
RACE: WIDOWED, DIVORCED. (Specify): Widowed 9	Months D	Pays Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
even if retired): housewift		J.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Broghamer	Mary Becker Enderman	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records	
18. MEDICAL CERTIFIC		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
904.7	1 1 1 1111 11 11 11 11	2
	due to decubitus ulcers	Weeks
ANTECEDENT CAUSE (S)		
	fracture of femur	4 months
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Schizo	phrenia Paranoid Type	23 years
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATI	ION	20. AUTOPSY?
6-30-55 Suramatal fracture of f	emur-Well-leg splint	YES NO
21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE (Home, farm, f	factory, 21c. WHERE DID (City or town) (Count	ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld	dg., etc. INJURY OCCUR? Sykesville Car	roll Md
17 50 5 50		A /
OF INJURY OF INJURY M. 21E INJURY OCCURR While Not while at work at work	Pt.fell while going for supper	r 06
22. I hereby certify that I attended the deceased from -1	11-55, 19, to 10-22, 1955, that I last	saw the deceased
alive on 10-22- / 195., and that death occurred		
S SIGNATURE		TE SIGNED
camind survey	M. D. Springfield State Hospital	10-22-55
REMOVAL (SPECIFY)	ETERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR	ADDRESS
DATE RED DI ECONE RESISTRATORE		1 1

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MILLEMAN	DIZIL	TOTAL THEORY IN THE	O.		
9631	CEF	RTIFICATE	OF	DEATI	H

Reg. Dist. No. 74

1. PLACE OF DEATH: Sylzes VIlle	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY CATTOCK MARYLAND		stynpton
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town), (in this place)	1 . 00	and give negrest town)
OR and give nearest town), (in this place)	TOWN Williams 4 pt	- 2.1X-2
HOSPITAL OR 2/ Mays	STREET (If rural give location)	
STREET ADDRESS Struppeld Slate tople	ADDRESS	
3. NAME OF DECEASED: (First) (Middle) Michael Michael	Last Rev 4. DATE (Month) OF DEATH: 10	Day) (Year) 23 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED, (Specify): Sep.		YEAR IF UNDER 24 HRS. Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. EATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Robert Clinton Liskey	Ida C. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no or unk.) (If Yes, give war or dates of service) 214-09-45	32 Hospital Records	
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
023X (Chronic	-valvular disease valve stempsis)	Veor
IMMEDIATE CAUSE (A) DUE TO (ACATIVE)	value stemps 15)	1-7-0
ANTECEDENT CAUSE (5)	acces gabers	VODA
GIVING RISE TO THE ABOVE CAUSE	16-34/14143	y egy s
STATING UNDERLYING CAUSE LAST.		/
(C)	0 0 -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SBS	Dyplisto men rigo en it-	- VPAN
DISEASE OR CONDITION CAUSING DEATH.	ושלים	1 1040
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	NC	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory, 21c. WHERE DID (City or town) (Cour, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/	2 , 1955, to /0/23, 1955 that I las	t saw the deceased
10/22	9050	
alive on 193, and that death occurred a SIGNATURE Getride W. from, W.D.	ADDRESS LL LUS/ DA	TE SIGNED 10 /24 /33
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR GREMATORY LOCATION (City, town, o	r county) (State)
BORIAL Oct 28/55 Rose	Hill Hagueto	m md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

VS. A15 -- 10 - 53

BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF HEALTH—	BALTIMORE,	18	09	639
9632	CER	RTIFICATE	OF DEATH	Reg	Dist.	No.	94

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33 37	CONTRACTOR A PRIMA	OTS TOTAL POTT
532	CERTIFICATE	URIDEATH

Reg.	Dist.	No.	74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	ED:	
RuralSykesville, Maryland	and you		
COUNTY (VILLER MARYLAND	STATE MILL COUNTY 71-0		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL	,	
X TOWN Of whisele 1/mo: sdays	TOWN Rural: Sandy Spring, M	Maryland	
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS Springfield State Hospital	ADDRESS	15x-21	
	(Last) 4. DATE (Month)	(Day) (Year)	
S. NAME OF (First) (Middle) (DECEASED: (Type or Print) Bessie Bruce Lock	OF	(Day) (Year) 19 19 55	
(10)	OF BIRTH: 9. AGE last birthday IF UNDER 1		
Female White Specify): Wid. 7-10-7	Months	Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
work done during most of working life, even if retired):	U.S.A.	COUNTRY	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	4.0.16.	
Charles Bruce	Mary Boyer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	,	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Hospital Records		
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
023X			
IMMEDIATE CAUSE (A) Myocardial I	nsulliciency	days	
ANTECEDENT CAUSE (8)			
DISEASES OR CONDITIONS, IF ANY. (B) Generalized arteriosclerosis			
GIVING RISE TO THE ABOVE CAUSE DUE TO		М.	
STATING UNDERLYING CAUSE LAST.	1111	vears	
(c) Systemic sy	philis	6/	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic TO THE DEATH BUT NOT RELATED TO THE		cerebral	
DISEASE OR CONDITION CAUSING DEATH. arterioscler	osis, with psychotic reaction	years	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4	20. AUTOPSY?	
		YES NO K	
21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory, 21c. WHERE DID (City or town) (Cour	nty) (State)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?		
21p. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
OF INJURY While Not while at work at work			
	77 30 30		
22. I hereby certify that I attended the deceased from 9-14	4, 19.22, to10-19, 19.22, that I las	st saw the deceased	
alive on 10-19 . 19 55, and that death occurred at	2:20 M, from the causes and on the date	stated above.	
		TE SIGNED	
portione or gives, accid	D Comingelald Chata II.	10 10 1000	
Certrude M. Cross M.D. 23. BURIAL, CREMATION, DAYE THEREOF NAME OF CEMETE	D. Springfield State Hospital ERY OR CREMATORY, LOCATION, (City, town,	or county) (State	
REMOVAL (SPECIEY)	019 7 8 -10	4 //	
Bureaf 11:4 55 Ceday 77	Membery) unland	and .	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
DECLETE A B	1 21 11	1 1/ 0	

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OCT 24 1955

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MARYLAND STATE DEPARTMENT 9633 CERTIFICATE	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL on the stay of the	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rual
HOSPITAL OR DINSTITUTION OR STREET ADDRESS Old Baltimore Road	STREET (If rural give location) ADDRESS Old Baltimore Road
3. NAME OF (First) (Middle) (DECEASED: LISE Myrtle Mann	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: Oct. 25 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. Dec. S	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWITE	Carroll County U.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Arnold	Ida Gamber
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	nonary Fibrosis. 3 yrs. carditis 5 yrs
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	minal adhesions 1/2 yes
June 13, 1954 Sub-acute appendix & a	20. A010F311
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF BEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at proph 2	none
22. I hereby certify that I attended the deceased from Jan,	
alive on Oct. 25, 1955, and that death occurred at SIGNATURE	ADDRESS DATE SIGNED
	.D. Reisterstown, Md. 10-26-55 ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REGISTRAR 4-18 Hamil Wully	g. V. neger. Jr. Westnesser

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 EVAMINED'S OFFICIANT OF DEAME

MEDICAL EXAMINER S CER	IIIICAIL OF DEATH N	10.00
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Carroll MARYLAND	STATE Md. COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Mt. Airy LENGTH OF STAY (In this place) O YPS.	CITY (If outside corporate limits write RURAL and g OR TOWN Mt. Airy	ive nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS	STREET (If rural, give location) ADDRESS Hill St.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) BERTHA EVANS M	(Last) 4. DATE (Month) (Day) OF DEATH 10/18/	(Year) 19 55
DACE. WIDOWED DIVORCED	9. AGE last birthday: IF UNDER I YEAR 23-1890 65 yrs. Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) housewife OWN home	11. BIRTHPLACE (State or foreign country): 12. C	OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Rickard Evans	Elizabeth Ross	
(Vos no ow unit) (If Vos give men on detes of)	17. INFORMANT & ADDRESS:	46.
no service) none l	Mrs. Nicholas Knott, Hillsbor	ro, Md.
Antecedent cause(s) Diseases or conditions, if any. giving rise to the above cause DUE TO stating underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	of chest with rupture of	ONSET AND DEATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY Ø or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, of street, office bldr., etc., injury	21c. (City or town) (County) Carroll	(State) Md.
CAUSE OF DEATH. INJURY SCIENCE CONTROL OF INJURY 10/18/55 19:15 am. While at work	Driver - lost control of car	06
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes [], Accidental SIGNATURE	ed above, held an <u>Autopsy</u> , Inspection □, lent □k, Suicide □, Homicide □, Undeterm CHIEF MEDICAL EXAMINER	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER 10-21-1955 Greenm	ount Queen Anne Co.,	Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 10-20-35 Robert P. Houvett.	C. M. Waltz, Winfield, M	ADDRESS

BUREAU V. S.

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10-20-55 Best Polart

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PLEASE TYPE OR WRITE PLAINLY, WITH

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	09642
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9635	CERTIFICATE	OF	DEATH

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			24
leg.	Dist.	No.	///

Iy.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	(atroll	mad 41.1. 98
leg	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE /// COUNTY // CALLEY (COUNTY // CALLEY (CO
7	OR and give negrest town) (in this, place)	CITY(If outside corporate limits, write RURAL and give nearest town)
and	TOWN SYKESVILLE 17 days.	TOWN /+ 99625 to Un 21-03-2
	HOSPITAL OR	STREET (If rural give location)
ar	STREET ADDRESS Franchisk State Should	ADDRESS LODA BALLO ALLA
le		109 wown 1104 V
ч		(Last) 4. DATE (Month) (Day) (Year)
death clearly	DECEASED: (Type or Print)	Miller DEATH: 10 - 1- 1950
de	5. SEX: 6. COLOR OR 7 / SINGLE, MARRIED, 8. DATE	BIRTHOO 9 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS.
of of	male white (Specify): Marrier	1965 Win. Months Days Hours Min.
the causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
an	work done during most of working life. OR INDUSTRY: even if retired): Why hermon	not known country?
C		gove -
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	not moun.	not herowie
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no, or unks) (If Yes, give war or dates	Hospital hecords
se	yes. 1 09996 1911 103-10-1621	
please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	330x Snbara	cheeriel brushly 17 No.
ns	IMMEDIATE CAUSE	mora nemornal 1 ans +
Physicians:	ANTECEDENT CAUSE (S)	
Sic	DISEASES OR CONDITIONS, IF ANY. (B)	money cause
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO	
	STATING UNDERLYING CAUSE LAST.	
nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING G.	
ta	TO THE DEATH BUT NOT RELATED TO THE	ueral arterioscuroses.
OL	DISEASE OR CONDITION CAUSING DEATH.	
important.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO D
lly	AND AND THE PROPERTY AND	
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County) (State)
)ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	no mymer, reported.
es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
(V)	M. at work at work	
e peed	00 The house of the Text of the 2 and 5 BC/3	10 681 1/10 1 10 6611 112
age	22. I hereby certify that I attended the deceased from 7-13	1955 to 10 - 1, 1965 that I last saw the deceased
1	alive on 9-30-, 1955, and that death occurred at	M, from the causes and on the date stated above.
ect	SIGNATURE	ADDRESS DATE SIGNED
correct	Waterer of Jonneyseles M.	.o. Springfuld I tall despited 10/1/15
00		ERY OR CREMATORY LOCATION (City, town, or county) / (State)
	REMOVAL (SPECIFY)	Butter Ba To of And
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24 FUNERAL PURCTOR
	REGISTRAR 10 CE	24. FUNERAL DIRECTOR ADDRESS

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BUREAU V. BU

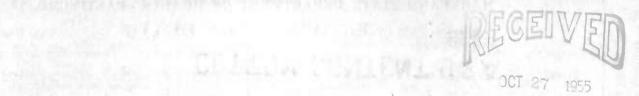
S361 9 1002

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09643

QG2G CERTIFICATE OF DEATH Reg. Dis	st. No. 75
1. PLACE OF DEATH: COUNTY COUNTY CITY (If outside corporate limits, write RURAL (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS OR UNITY 2. USUAL RESIDENCE (HOME) OF DECEASE COUNTY STATE COUNTY CITY(If outside corporate limits, write RURAL (in this place) OR TOWN STREET ADDRESS (If rural give location ADDRESS (If rural give location ADDRESS)	and give nearest town
10A. USUAL OCCUPATION (Give kind of tos. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12 work done during prost of working life, OR INDUSTRY:	Days Hours Min.
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unk.) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) 18. Yes, give way or dates 19. May L. W. H.	Rd-Bulla
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B) DISEASES OR CONDITIONS, IF ANY. (B)	INTERVAL BETWEEN ONSET AND DEATH
STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	4 days
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Cou OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) (Year) (Hour) While Not while at work at w	YES NO
22. I hereby certify that I attended the deceased from 19/20, 1955, to 19/21, 1955, that I las alive on 19/21, and that death occurred at 70. M, from the causes and on the date	stated above. ATE SIGNED/ 0/22/51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR DOT 15-55 Mrs. W.S. Derme Saw Mirton Hum	priced Med



BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

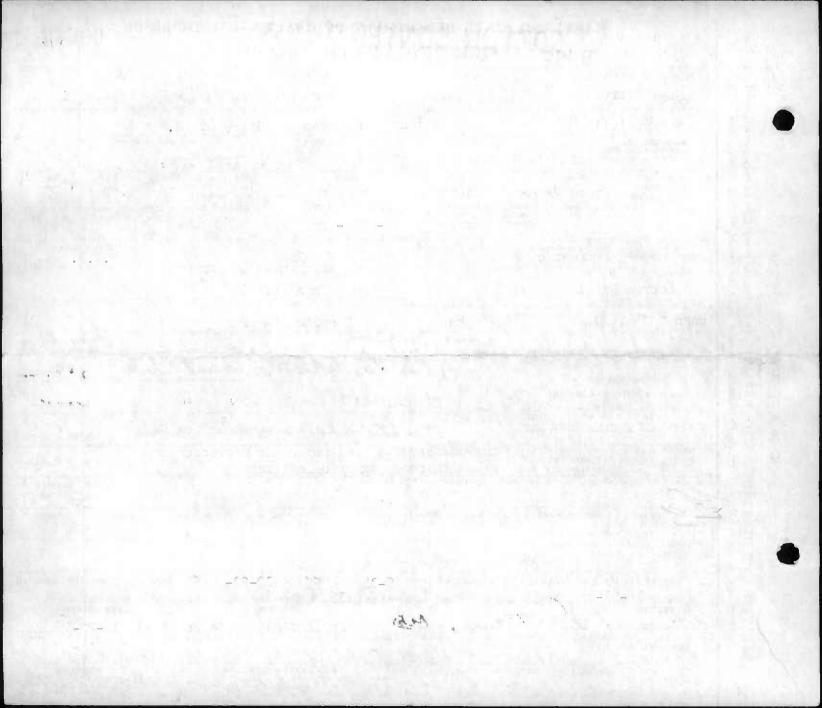
VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0637 CERTIFICATE OF DEATH

eg. Dist. No.

9037	d of Diffill Reg. Dist. No.	****
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland county Raltimore City	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this piace)	CITY(If outside corporate limits, write RURAL and give nearest t	
	TOWN Baltimore 6, Md. 03X-	-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS 6014 Shady Lane, (Last) (Date (Month) (Date (Month))	V
	(Last) 4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print) Grace Vilona Pso	cherer OF DEATH: 10 22 1955	
RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR 1F UNDER 24 Hours 1	HRS. Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W COUNTRY? Maryland U.S.A.	HAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Rabold	Anna Pursell	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes no, or unk.) (If Yes, give war or dates of service) unkn	Hospital Records	
ANTECEDENT CAUSE (A) ATTECTION ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OUE TO HE TO HE TO DUE TO DUE TO DUE TO	scleratic heart dis year	4
STATING UNDERLYING CAUSE LAST. (C)	ple mycloma yee	12 ,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NVOLUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. With some pair		_
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State INJURY OCCUR?)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not white at work	21F. HOW DID INJURY OCCUR?	
Educated Susthaus M.D.	8:15 AM, from the causes and on the date stated above. ADDRESS DATE SIGNED D. D. Springfield State Hospital 10-22-55	asec
BURIAL OCTOH-55 HOLY REDISTRATES SIGNATURE	JEEMER 4400 BELAIA PO ADDRESS	XL
REGISTRAR /5-5 (I.W. Hedrich	Dippel Bros 7110 Belain	Pol



CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Carroll MARYLAND		UNTY A. A.
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town) TOWN Henryton 132 Days	Y CITY (If outside corporate limits, write RURA OR TOWN Annapolis	L and give nearest town)
HOSPITAL OR	STREET (If rural give local	ion)
3 STREET ADDRESS Henryton, Maryland	819 West Street	√
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Joseph Benson	(Last) 4. DATE (Month) (Rawlings DEATH: 10 -	Day) (Year) 2 19 55
Male Negro WIDOWED, DIVORCED, (Specify): Widower	4-12-1912 9. AGE last birthday: If UNDER Months	Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer 10b. KIND OF BUSINESS (INDUSTRY: Contractors	OR 11. BIRTHPLACE (State or foreign country):	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Rawlings, Jr.	Mary Calvin	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: I (Yes, no, or unk.) (If Yes, give war or dates of service) 220-05-8824	7. INFORMANT & ADDRESS: Joseph B. Rawlings - 819 West	Street
18. MEDICAL CERTIFICAT		Interval Between
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Minimal bilate: DUE TO (c)	ardiovascular Disease	Onset And Death
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY ?
138. DATE OF OPERATION: 138. MAJOR FINDINGS OF OPERATION		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, stre OF office bldg., etc.)	et, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		te stated above.
REMOVAL (Specify) Oct. 6, 1955 Chews Ch.		

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 74

ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:			
Sib	COUNTY CARROLL MARYLAND	STATE Maryland COUNTY Montg	omery			
leg	COUNTY CARROLLS MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town			
nd	OR and give nearest town) TOWN Rural - Sykesville 9 mos. 5 day	OR TR				
ed .	HOSPITAL OR		15X-2			
learly	5 INSTITUTION OR STREET ADDRESS Springfield State Hospital	ACORESS 11264 Old Bladensburg	Road 🗸			
h			Дну) (Уевт)			
eat]	OECEASED: (Type or Print) Charles Mansfield R	EED OF 10	1955			
of de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCEO, (Specify): Married 2/12/	70 9. AGE last birthday Months I				
please write the causes of death clearly and legibly	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) Carpenter Nat. Zoo. Park -	11. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT			
he	13. FATHER'S NAME: GOVT. Service	14. MOTHER'S MAIDEN NAME:				
e ct.	Bushrod Reed	Catherine Reed				
rit	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY No.	17. INFORMANT & AOORESS:				
se w	(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Hosp	oital			
lea	18. MEDICAL CERTIFICATI I OISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEEN			
	332.x		ONSET AND DEATH			
18	IMMEDIATE CAUSE (A) Cerebral Th	rombosis, left	1 Mo. 5 days			
. 6	ANTECEDENT CAUSE (S)					
/sic		Arteriosclerosis	years			
Physicians:	GIVING RISE TO THE ABOVE CAUSE OUE TO STATING UNDERLYING CAUSE LAST.					
	(C)					
ani	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic b	rain syndrome associated with	la vears			
important.	DISEASE OR CONDITION CAUSING DEATHCETEBral arteriosclerosis, with psychotic reaction					
du	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
			YES NO X			
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)			
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?				
	22. I hereby certify that I attended the deceased from 8/29 , 1955 to 10/4 , 19 55 that I last saw the deceased					
age	1 -	:00 AM, from the causes and on the date				
ct	SIGNATURE 1		E SIGNED			
correct	Educus Tusham M.	D. Sykesville, Maryland 10	0/4/55			
00		RY OR CREMATORY LOCATION (City, town, or	county) (State)			
	Remoral 10/4/55	Le Inez Spre	ing, Med			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL OIRECTOR	AOORESS			

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9641 CERTIFICATE OF DEATH

Reg. Dist. No.

9041 CERTIFICATI	de Distriction Reg. Dist	. 110/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	0:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural - Sykesville CITY (If outside corporate limits, write RURAL (in this place) Y TOWN Rural - Sykesville 3Y 6M 12 Day	CITY(If outside corporate limits, write RURAL a OR TOWN Baltimore	3 VO /- 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location) ADDRESS 2421 Maryland Avenu	10
	(Last) 4. DATE (Month) ()	Day) (Year)
DECEASED: (Type or Print) JOHN FREDERICK	SCHAEFER OF DEATH: 10	30 19 55
RACE: WIDOWED, DIVORCED,	.3/10 19 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard 10B. KIND OF BUSINESS OR INDUSTRY: Bank - Union Trus	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Michael Schaefer	Mary —	
18, WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Ho	spital
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	INTERVAL BETWEEN
1/2.00	HIM 유명 모두스 없이 크로 크는 HE HE	
IMMEDIATE CAUSE (A) Myocardial i	nfarction	days
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterioscl DUE TO	erotic heart disease	years
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CARCINON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cr. Br. Syndro	na of bladder ome assoc. with senile brain dis	years sease 3 years
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Count injury occur?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/1/5	5 , 19, to 10/30, 19.55 that I last	saw the deceased
alive on 10/29 3.55, and that death occurred at	6:15AM, from the causes and on the date	
SSIGNATURE SALASTA BLANCH		10/21/55
	ERY OR CREMATORY LOCATION (City, town, or	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 P HOME	24. FUNEPAL DIRECTOR	ADDRESS /
And all the second	4-1	

VS. A15 — 10 - 53

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No.

9642	CERTIFICATI	E OF DE	ATH	Reg. Dist.	No. 25
I. PLACE OF DEATH:		2. USUAL RESI	DENCE (HOME)	OF DECEASED:	
V 11		A. Cocks in	/ .	or belowinger.	1
COUNTY Oarroll CITY (If outside corporate limits, wi	MARYLAND	STATE IN	1	ts, write RURAL and	A STATE OF THE PARTY OF THE PAR
OR and give nearest town)	(in this piace)	OR (,)	side corporate iim	ts, write RURAL and	give nearest town)
I was wismins	les 5 yr.	TOWN	1 West	renster	×
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 2	DV I	STREET ADDRESS	D.D. 2	rural give location)	/
3. NAME OF DECEASED: (Type or Print) OHN	T. W. SHE	RFE >	4. DATE OF DEATH:	(Month) (Day)	(Year) 19 5 5
RACE: WI	NGLE, MARRIED, B. DATE DOWED, DIVORCED, Pecity):		9. AGE tast bi	thday: IF UNDER 1 YEA	
10a. USUAL OCCUPATION Give kind of work done during most of working life even if petired):	10b. KIND OF BUSINESS OF INDUSTRY:	R H. BIRTHPLAC	CE (State or fore		TIZEN OF WHAT
13. FATHER'S NAME:	umou yarre	14. MOTHER'S M.	AIDEN NAME:		, , , , A
12.000) had	4 .	. 8	1. 2	
15 WAS DECEASED EVER IN U.S. ARMED FORCE	EST 16. SOCIAL SECURITY NO.: 17.	INFORMANT &	DDRESS:	10.12) - 0 .
(Yes, no, or unk.) (If Yes, give war or date	e of	we anna	Formuch	Wistmin	sto md.
	18. MEDICAL CERTIFICATI	ION			Interval Between
1. DISEASES OR CONDITIONS DIREC	and the second s	, ,	1000		Onset And Death
Immediate cause	(a) acute (ardiac	Dulatal	in	24thrs
D	UE TO	0			
Antecedent causes (s) Diseases or conditions, if any,	(b) Cardio!	Renal a	raega	2	142
giving rise to the above cause stating the underlying cause last.	UE TO	1 1	۴		
	(c) arlerio!	relevos	es		17/2
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death by related to the disease or condition cause					
19a. DATE OF OPERATION: 19b. MA.	JOR FINDINGS OF OPERATION				20. AUTOPSY ?
				,	Yes Nov'
SUICIDE	LACE (Home, farm, factory, street F office bidg., etc.) JURY	(CITY OR TO	WN)	COUNTY) (ST.	ATE)
TIME (Month) (Day) (Year) (Hour OF INJURY	While at Not While	HOW DID INJU	RY OCCUR?		
		1 (2)			
22. I hereby certify that I attended					
alive on	nd that death occurred at (Degree or title)	3QM, fr	om the causes a	and on the date st	ated above. E SIGNED
23. BURIAL, CREMATION, DATE THE REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATOR	LOCATION	(City, town, or coun	ty) (State)
und Oli.	1.1933 Westmine			numetro	(m)(.
DATE REC'D BY LOCAL REGISTRA	AR'S SIGNATURE	34. FUNERAL DI	RECTOR	1	ADDRESS
10-11-17 17 20	mer / mitan &	ankens	Man We	eminster.	mil

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DECEIVED

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

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Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9543

CERTIFICATE OF DEATH

		UV	
Reg.	Dist.	No.	74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Carroll MARYLAND	state Maryland county Mont	COMOMIT
CITY (If outside corporate limits, write RURAL) LENGTH OF ST	AY CITYIIf outside corporate limits, write RURAL	and give nearest town
X OR and give nearest town) (in this place) TOWN Rural - Sykesville Since 4/7/5		15×-2
HOSPITAL OR	STREET (If rural give location)
/5 STREET ADDRESS Springfield State Hospital	ADDRESS	V
3. NAME OF (First) (Middle) DECEASED:	OF .	(Day) (Year)
(Type or Print) Carroll Austin	SHREVE DEATH: UCT.	9 19 55
RACE: WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE last birthday IF UNDER 1 89 yrs. Months 1	Days Hours Min.
OA USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	Virginia Un	ited States
Daniel T. Shreve		
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	Margaret Ellen Jones	
(Yes, no, or unk.) If Yes, give war or dates unknown	Records of Springfield State 1	Hospital
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Bronchopne	umonia	10 days
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE		7 years
STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PSychosis	with cerebral arteriosclerosis	7 years
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERAT		20. AUTOPSY?
que disa disa		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bl	factory. 21c. WHERE DID (City or town) (Counded, etc. INJURY OCCUR?	nty) (State)
OF INJURY OCCURION M. 21E INJURY OCCURION While Not while at work at work	RED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ju	ly 16, 1954, to Oct. 9, 1955, that I las	t saw the deceased
alive on Oct. 8 , 1955. , and that death occurred SIGNATURE has been supported to the signature of the signa	at 12:30M, from the causes and on the date	
Martin Gross, M.D.	M.D. Sykesville, Maryland	Oct.9, 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEM REMOVAL (SPECIFY) MID 55 STORY	METERY OR CREMATORY LOCATION (City, town, o	Monto mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR (BOWNES WELL	2 ADDRESS

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09651 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MINDICAL MARMINER 5 CEL	THICATE OF DEATH No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Town A Carthanille (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sykesville
HOSPITAL OR INSTITUTION OR HOME - RFD 1, Sykesville	STREET (If rural, give location) ADDRESS RFD 1 Skesville
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Vernon Lee	Sibert DEATH October 27 19 55
S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT. Male White (Specify) Lingle M.	E OF BIRTH: 9. AGE iast birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of work life, even if retired):	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herey of Seibert	Estimeleth offreen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
18. MEDIC	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
440 X	middle and lower lobes right lung.
Immediate cause (a) LODAL FREUMONIA, I	Traver touch touch the traver
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
	Yes 🖺 No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTINC OF Street, office bldg., etc CAUSE OF DEATH.	
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while INJURY M. Work ☐ at work ☐	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy K, Inspection , Inquiry , and
find that death resulted from: Natural causes , Acci	dent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER [] DATE SIGNED DEPUTY MEDICAL EXAMINER [] 20/00/1/2
Jong 1 / wor	M. D. ASSISTANT MEDICAL EXAM. A 10/20/55
BEMOVAL (Specify): 10-31-55 Mit Aleb	row Location (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SICNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct 28: 1955 10 Harry TILLE	Vondo numical serve Uparelistio Va

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

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A15 - 10 - 53 VS.

9645	CERTIFICAT	E OF DEAT	'H Reg. Dis	st. No.
1. PLACE OF DEATH:	1	2. USUAL RESIDE	NCE (HOME) OF DECEASE	ED:
COUNTY CONTROL OF COUNTY (If outside corporate lim	MARYLAND	STATE //	HAMACOUNTY CA	reall
OR and give nearest town)	LENGTH OF STA (in this place)	OR TOWN	orporate limits, write RURAL	and give hearest t
HOSPITAL OR	and I good	STREET	(If rural give location	n) /
INSTITUTION OR STREET ADDRESS	ain St	ADDRESS	nain It	,
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) UEON	GE EDWARD S.	111114	DEATH: Oct	18 195.
5. SEX: 6. COLOR OR 7	WIDOWED, DIVORCED,	E OF BIRTH: 9	. AGE last birthday Months	Days Hours 1
IOA. USUAL OCCUPATION (Give)	(Specify): Masc	11. BIRTHPLACE (S	of tate or foreign country): 12	
work done during most of working even if retired	or INDUSTRY:	Marial	tate or foreign country); 12	COUNTRY?
13. FATHER'S NAME:	Kelind	14. MOTHER'S MA	IDEN NAME:	434
Janua la	th.	Elara ;	Po Mull.	
15. WAS DECEASED EVER IN U.S. ARME		17. INFORMANT &	ADDRESS:	1 1
(Yes, no, or unk.) (If Yes, give was of service)	r or dates	George B.	Smith New U	Jindson
	18. MEDICAL CERTIFICA	TION	7	INTERVAL BETY
I DISEASES OR CONDITIONS	DIRECTLY LEADING TO DEATH	. 7.	. 5	ONSET AND D
IMMEDIATE CAUSE	(A) Chron	ue Myrca	ettes	mouls
ANTECEDENT CAUSE (S)	DUE TO T.	Dal.	-78 11. D Q1	۲
DISEASES OR CONDITIONS, IF		ecuri.	> Will High	
STATING UNDERLYING CAUSE	LAST.			
II OTHER SIGNIFICANT COND				
DISEASE OR CONDITION CA				
	MAJOR FINDINGS OF OPERATION	ON		20. AUTOPS
				YES NO
21A. ACCIDENT WAS UNDERLY!	NG 218. PLACE (Home, farm, face)	ctory, 21c. WHERE DI	ID (City or town) (Cou	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMIN	(ER)			
21D. TIME (Month) (Day) (Year) OF INJURY	While Not while at work]	IJORY OCCOR?	
99 I hamaka contifu that I at	tended the deceased from bet	1 10 6 6 6	10 10 C C shot T la	-4 4b - J
	1.			
alive on GA/8, 19	, and that death occurred a	ADDRESS	a causes and on the date	ate stated above.
		M.D. Herro	n Brita	10-19-5-
23. BURIAL, CREMATION, DATE	TE THEREOF NAME OF CEME	TERY OR CREMATORY	LOCATION (City, town,	or county) (
Burial Oc	t 21-1955 Winter	v .	Carrall too,	Marylan
DATE REC'D BY LOCAL RE	GISTERAR'S SIGNATURE	24. FUNERAL DI	RECTOR	ADDRESS

SECENVED V. S.

REGISTRAR'S SIGNATURE

Reg. Dist. No.

COUNTY Carroll CITYIIf outside corporate limits, write RURAL and give nearest town) (If rural give location) Star Route 4. DATE (Month) (Day) (Year) DEATH: 55 Oct. 19 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRR Days Months Hours 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME. Elizabeth Cromlett mount Md Mr. Clyde E. Stouffer-Star Route, Greenm INTERVAL BETWEEN ONSET AND DEATH

FOR BINDING

MARGIN RESERVED

, 19 , that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED

LOCATION (("ty, town, or county)

FUNERAL DIRECTOR

(County)

20. AUTOPSY

(State)

DATE REC'D BY LOCAL

THE REPORT OF THE PARTY OF THE THE PROPERTY OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH

9647

2411 N. Charles Street, Baltimore

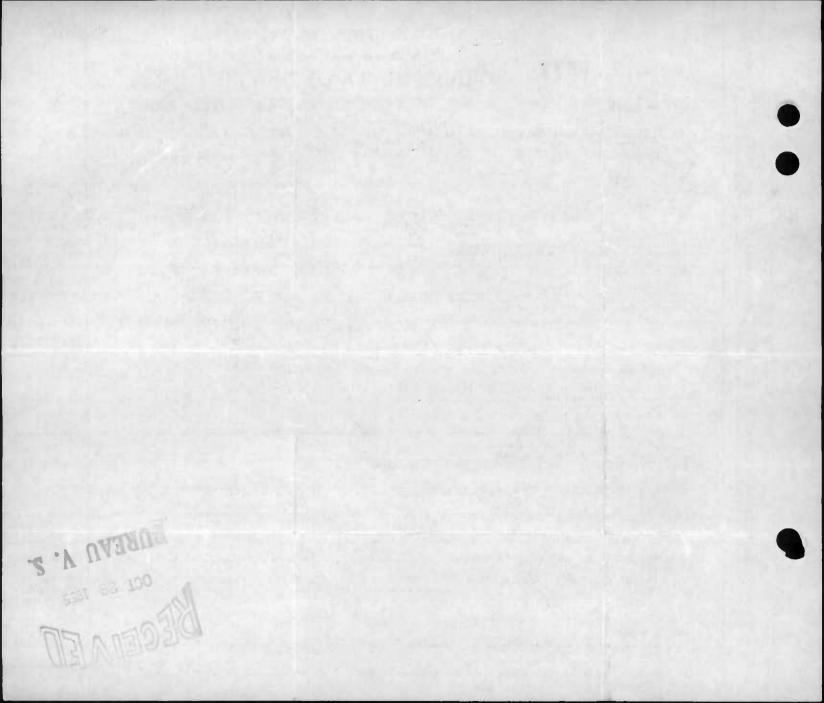
CERTIFICATE OF DEATH

		ODICI II IOILI	DOI DEMI	Keg. Dist. N	o.U
1. PLACE OF DEAT COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (I STATE Maryland	HOME) OF DECEASED. COUNT Carro	ĭŠ
CITY (If outside of	corporate limits, write RUR. t town) Union Bridge	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Rural	rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	R Rowe Nursing		STREET ADDRESS	(If rural, give location)	1
3. NAME OF DECEASED (Type or Print)	(First) Marv	(Middle) M •	(Last)	4. DATE (Month) OF DEATH October	(Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	Spangler s. Date of Birtii July 8, 1870	9. AGE last birthday If under Months	23 . 1955 1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUP done during most of the Housework	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Own Home	11. BIRTHPLACE (State of		2. CITIZEN OF WHAT COUNTRY! U.S.A.
13. FATHER'S NAM	ME	OWIT HOURS	14. MOTHER'S MAIDEN		0.0.A.
15. Was Decrased E (Yes, no, or unknown)	Am F. Herr Ever In U.S. Armed Forces (If yes, give war or dates of	of	Mary J. H	ADDRESS	
no	service)	1 none		er, Gettysburg, I	'a.
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise t stating the	ent cause(s) conditions, if any, to the above cause underlying cause last (c)				
Conditions contrib	outing to the death hut not ase or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR E	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	OF INJU				
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	While at Not While Work At work	HOW DID INJURY OC	CUR?	
la-	1 10 -	e deceased from	A frame as		
alive on Can SIGNATURE	7 He	(Degree or title)	ADDRESS	causes and on the date st	DATE SIGNED
23. BURIAL, CREM REMOVAL (Spe	AATION DATE THERE			LOCATION (City, town, or coun	
REMOVAL (Spe Buria DATE REC'D BY REG. // - //	LOCAL REGISTRAR'S	1955 Lutheran Ce	24. FUNERAL DIRECTO	OR	ADDRESS ADDRESS
Vcl 26	1953 Lesly X	1 sepp	I C.O.Fuss & Son	n, Taneytown, Mary	yland

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M

VS. A15



COLINDY

(Day

Days

Months

(Year)

Hours

Interval Between

Onset And Death

20. AUTOPSY ? Yes No

(STATE)

10-24-5

ADDRESS

COUNTRY

DEALEGEINED

2 .V UABRU

A15 VS.

09655 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9649 CERTIFICATE OF DEATH Reg. Dist. No. 74

I. PLACE O	F DEATH:									
COUNTY					2. USUAL RESI	DENCE (HOM	E) OF DEC	EASED:		
	Carroll		MARYL	AND	STATE ME	aryland		CO	UNTY	
CITY (lf	outside corporate lin	nits, write	RURAL LENGTH	OF STAY	CITY (If out	side corporate	limits, write	RURAL	and give near	est town)
TOWN and	Henryton		36 D	a place)	OR TOWN BE	altimore			3V01-	4
HOSPITAL	OR		30 2		STREET		(If rural gi	ive locati		
3 STREET		ryton,	Maryland		ADDRESS	429 Webb	Court			V
3. NAME OF DECEASED (Type or Pr		r	(Middle)		ykes	4. DATE OF DEATI		_	Day) (Year 5- 195)	5
5. SEX:	6. COLOR OR	7. SINGL	E, MARRIED,	8. DATE O	F BIRTH:	9. AGE last			1 YEAR IF UNDE	Min.
Male	RACE: Negro	(Specif	ved, divorced, y): Single	7-	5-1897		58 yrs.	Months		
IOa. USUAL C	OCCUPATION Give	kind of	10b. KIND OF BU			CE (State or	oreign coun	try): 1:	2. CITIZEN OF	TAHW
work done	during most of world tired): IInknow		INDUSTRY:		Elizabeth	City. N	L. Carol	lina	U. S	3.
13. FATHER'S	0	417			14. MOTHER'S MA	AIDEN NAME	:		V • 1	
		Carles			Me	ry Jane	Rennati	+		
15 WAS DECE	Silas ASED EVER IN U.S.ARM		16. SOCIAL SECURITY	Y No.; 17.	INFORMANT & A	DDRESS:	Demie C	V		
(Yes, no, or un	k.) (If Yes, give war		T. Doome Davonia				20 Mahl	Com	mt	
No	service)		18. MEDICAL CE		Walter Sy	res - II	MADI	o oou	10	
Landana		DUE			teral cavit					
Diseases giving rie	ent causes (s) or conditions, if an se to the above cause are underlying cause is	y, (b) se last. DUE	то							
Diseases giving ric stating th	or conditions, if an se to the above cause se underlying cause i	y, (b) se DUE	то							
Diseases giving ristating the 11. OTHER S Conditions	or conditions, if an se to the above cause underlying cause in IGNIFICANT CONDicontributing to the	y, (b) se DUE (c) ITIONS death but n	TO ot							
Diseases giving ristating th 11. OTHER S Conditions related to	or conditions, if an se to the above cause underlying cause l	y, (b) se DUE (c) ITIONS death but n ion causing	TO of death.						20. AU	ropsy ?
Diseases giving ristating th 11. OTHER S Conditions related to	or conditions, if an se to the above cause underlying cause is IGNIFICANT COND contributing to the the disease or condit	y, (b) se DUE (c) ITIONS death but n ion causing	TO of death.						20. AU	ropsy :
Diseases giving ristating th 11. OTHER S Conditions related to	or conditions, if an see to the above cause underlying cause is GNIFICANT COND. contributing to the the disease or condit OPERATION: 19 T (Specify)	y, (b) se DUE (c) ITIONS death but n ion causing b. MAJOR	ot death. FINDINGS OF OP	ERATION			(COUNT			
Diseases giving ristating the 11. OTHER S Conditions related to 19a. DATE OF 21. ACCIDEN SUICIDE HOMICIDI	or conditions, if an see to the above cause underlying cause is GNIFICANT COND. contributing to the the disease or condit OPERATION: 19 T (Specify)	y, (b) se last. DUE (c) ITIONS death but n ion causing b. MAJOR PLAC OF INJUI	ot death. FINDINGS OF OP E (Home, farm, fac office bldg., etc.) RY INJURY OCCURE While at Not	ERATION ctory, street.)WN)			Y es 🔲	

DECENTED

BUREAU V. S.

5551 01 100

PLAINLY, WITH UNFADING INK.

OR WRITE

PLEASE TYPE

VS. A15

09656 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9659 CERTIFICATE OF DEATH

			1716
Reg.	Dist.	No.	74

	CENTIFICATE	Reg. Dist.	No		
Š	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):		
gib	COUNTY CAVALL MARYLAND	STATE MANYJAMA COUNTY TILLA	DILL		
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)		
and legibly.	X TOWN Sy Kes ville 19 11 mm 7 day	OR (U-111) N. N.	0102-2		
clearly	15 STREET ADDRESS SAMINGFIELD STREET ADDRESS SAMINGFIELD STREET ADDRESS	STREET (If rural give location) ADDRESS WIT HUNGWY	V		
death c	3. NAME OF (First) (Middle) DECEASED: (Type or Print) Edith Lel (Middle)	(Last) (A) S(() 4. DATE (Month) (I OF DEATH: /() - 2	(Year) 2 19 55		
of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 1. WIDOWED. 17 MARRIED. 2.	OF BIRTH: 9. AGE last birthday Months D	ays Hours Min.		
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT		
write the	13. FATHER'S NAME: Howard Hipsley	14. MOTHER'S MAIDEN NAME: Ali Cl Fellers			
e writ	(Yes, no, or unk.) (If Yes, give war or dates of service) 18. SOCIAL SECURITY NO.	HEREN HER MERONAL			
please	18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN		
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
07	IMMEDIATE CAUSE (A) MYOCALO	dial onsarction	3 dies		
an	DUE TO				
Physicians:	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO ARTHUS CLUSTIC PLANT OF STANDS OF TO THE ABOVE CAUSE DUE TO				
	STATING UNDERLYING CAUSE LAST. (C)				
ant	The second secon	(1 - t	0.12		
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	roid State	20x+		
important.	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?		
especially	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)		
is espe	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from Maly	-/~ 1950, to Ochron 221953, that I last	saw the deceased		
ct age	alive on Comment 22, 1955, and that death occurred at SIGNATURE	16 5 M, from the causes and on the date s			
correct		.D. Springfield Hate dispite	1 1/23/55		
00	Bucker 10-25-55 NAME OF CEMETE 10-25-55 Vill (Prest Cumbelley	equity) (State)		
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		

cuet ou 700

BUREAU V. S.

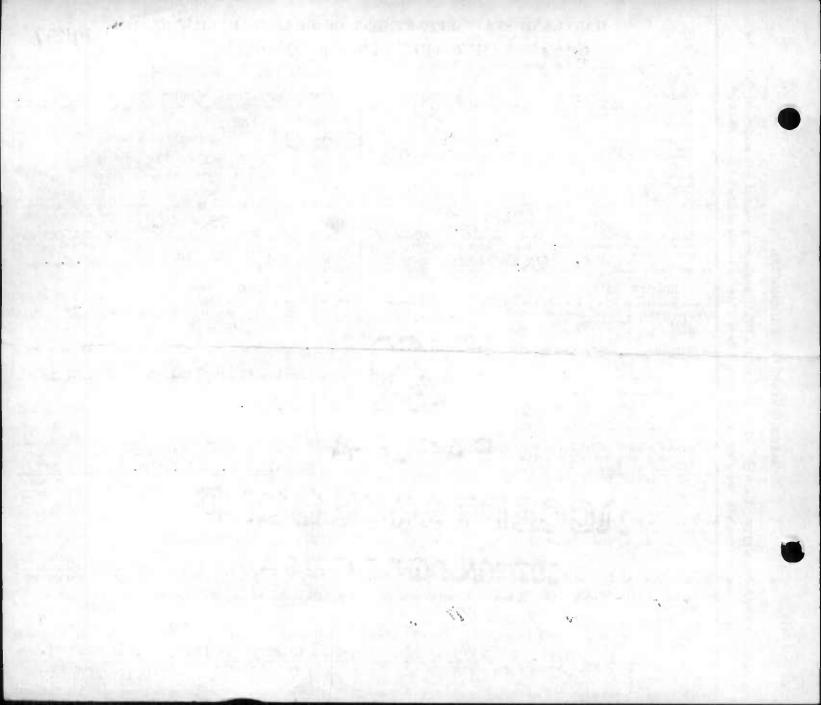
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 1

2000	CITALD MILITARE A MILE	OT	TOTA A PINT
9651	CERTIFICATE	OL	DEALD

,,	Dist.	0	0	6	57
	-	U	V	U	W
Reo	Dist	No			

9651 CERTIFICATI	L OF DEATH Reg. Dist.	. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
county Carroll MARYLAND	STATE Maryland COUNTY City	77
COUNTY CATTOL MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) (in this place)	OR	Ch . A
X TOWN Sykesville 5 months	TOWN Raltimore 7	3401-4
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS Springfield State Hospital	5007 Belleville Ave	nue 🗸
3. NAME OF (First) (Middle)		Ony) (Year)
DECEASED: HARRY MERLE	TOTTY DEATH: October	19 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
RACE: WIDOWED, DIVORCED.	Months D	
Will be	11-80 /5 yrs.	
DA. USUAL OCCUPATION (Give kind of OR KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even If retired): Groc. Store Manager	Maryland (Baltimore)	U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	VaCalla
Robert Totty	Unkown	
. WAR DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	22 122 4
Yes, no. or unk.) (If Yes, give war or dates of service) 214-03-1540	Mrs Harry M. Totty 5007 Be	elleallie W
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
- 0 1/		
IMMEDIATE CAUSE (A)Bron	chopneumonia, unresolved	davs
DUE TO		
ANTECEDENT CAUSE (S)		
	is of lung, far-advanced	6 months /
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS ass	escipted with semile brain disea	do
DISEASE OR CONDITION CAUSING DEATH. With psychot		5 years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
All the little and th		YES NO V
1A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fac	etory, 21c. WHERE DID (City or town) (Count	(State)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.		(2000)
ID TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREI	P 21F. HOW DID INJURY OCCUR?	
OF INJURY While Not while		
M. at work at work		
22. I hereby certify that I attended the deceased from5-	19. 1955, to 10-19. 1955, that I last	saw the deceased
alive on 10-18-55, 19		
OIGNATURE		TE SIGNED
29 mund Lunham	A. P. Springfield State Hospital	10-19-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or	county) (State)
Removal (specify) Oct. 22 1955 Loudon Pa	ark Cemetery Baltimore, Ma	aryland.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR 4510	Liberty
11 / 1 / 1 / 1 / So decel	Chillia Lamoreau 4510	1 1 1



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

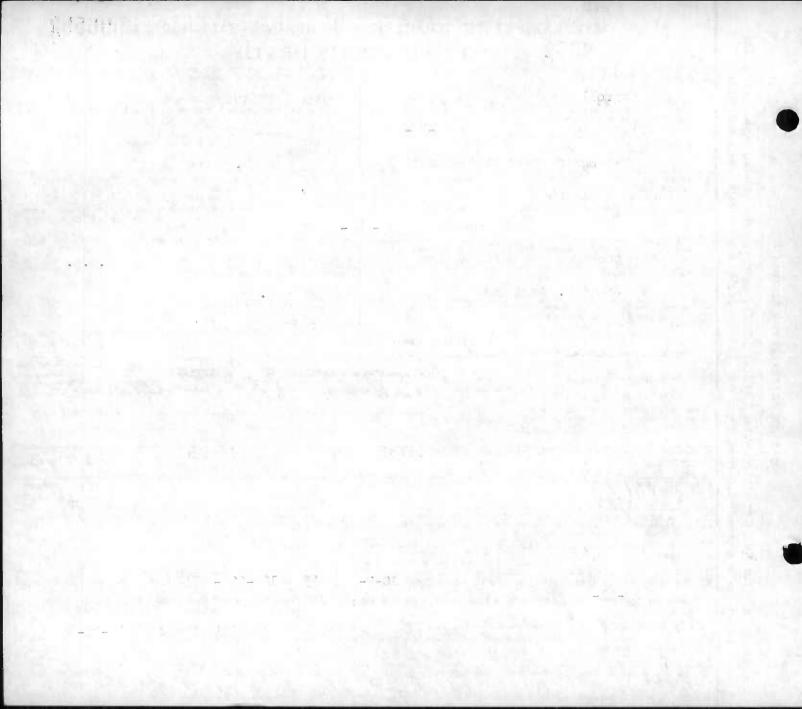
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1809658

9652 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
COUNTY Carroll MARYLAND	STATE Maryland count	Baltimore City
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate iimits, writ	
OR and give nearest town) Y TOWN Sykesville (in this place) 27Y-31-11D	or Town Baltimore	3101-11
HOSPITAL OR JINSTITUTION OR	STREET (If rurai gi	ve iocation)
15 STREET ADDRESS Springfield State Hospital	709 N, Monroe St	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Mo	nth) (Day) (Year)
(Type or Print) ALDOIT	ownsend DEATH: 10	22 19 55
RACE: WIDOWED, DIVORCED,	8 - 1870 9. AGE iast birthday 85 yrs.	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) packer meat packing	11. BIRTHPLACE (State or foreign count Maryland	otry): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	UeDelle
James E. Townsend		
15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO.	Annie E. Bell	
(Yes, give war or dates of service)	Hospital Pecords	
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 01 .	ONSET AND DEATH
581.1 Nones	hages of Varices	. Kannahages
IMMEDIATE CAUSE	A 7/2 fine	1/9
ANTECEDENT CAUSE (8) DUE TO CURL	vale of 100 June	· (Falmer). Liver
DISEASES OR CONDITIONS, IF ANY. (B)		general yes.
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic	Alcoholic hallucinosis	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		97
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		27 year
194. DATE OF OPERATION: 198. MAJOR PHODINGS OF OPERATIO	N	27 year
198. MAJOR PINDINGS OF OPERATION	N	27 year
	etory, 21c. WHERE DID (City or town)	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facontributing CAUSE OF DEATH OF INJURY street, office bidg.	etory, 21c. WHERE DID (City or town), etc. INJURY OCCUR?	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (IF either, Notify Medical Examiner) 21b. PLACE (Home, farm, factor Contribution of INJURY street, office bidg. (IF either, Notify Medical Examiner) 21b. PLACE (Home, farm, factor Contribution of INJURY street, office bidg. (IF either, Notify Mile at work 21c. INJURY OCCURRE While WHIL	etory, 21c. WHERE DID (City or town), etc. INJURY OCCUR?	(County) (State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing Cause of Death (IF either, Notify Medical examiner) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.)	21c. WHERE DID (City or town) 21c. WHERE DID (City or town) 21f. HOW DID INJURY OCCUR?	(County) (State)
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing Cause of Death (IF either, Notify Medical examiner) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21B. PLACE (Home, farm, factor of injury street, office bidge.) 21D. TIME (Month) (Day) (Year) (Hour) M. 21E INJURY OCCURRE While at work at work at work 22. I hereby certify that I attended the deceased from 10-2 alive on 10-21- 1955, and that death occurred at	etory, 21c. WHERE DID (City or town), etc. INJURY OCCUR?	(County) (State) hat I last saw the deceased the date stated above.
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution of t	21c. WHERE DID (City or town) etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1955, to 10227 1955, to 20227 1955, to 30227	(County) (State) hat I last saw the deceased the date stated above. DATE SIGNED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution of t	21c. WHERE DID (City or town) 21c. WHERE DID (City or town) 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22c., 1955, to 10., 22c., 1955, to 8:20. AM, from the causes and on ADDRESS	(County) (State) hat I last saw the deceased the date stated above. DATE SIGNED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of contributing 21B. PLACE (Home, farm, factor of contribut	21c. WHERE DID (City or town) etc. INJURY OCCUR? D 21f. HOW DID INJURY OCCUR? , 1955, to 1022, 1955, to 2022, 1955, to 2022	(County) (State) hat I last saw the deceased the date stated above. DATE SIGNED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing CAUSE OF DEATH OF INJURY street, office bidg. (If either, notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work 22. I hereby certify that I attended the deceased from 10-2 255 and that death occurred at signature 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	21c. WHERE DID (City or town) 21c. WHERE DID (City or town) 21f. HOW DID INJURY OCCUR?	(County) (State) that I last saw the deceased the date stated above. DATE SIGNED The county of county of the county of coun
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor contributing Cause of Death of Injury street, office bidg. (If Either, Notify Medical Examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While at work 21E INJURY OCCURRE While at work 22. I hereby certify that I attended the deceased from 10-2 alive on 10-21-	21c. WHERE DID (City or town) tetry, 21c. WHERE DID (City or town) 21f. HOW DID INJURY OCCUR?	hat I last saw the deceased the date stated above. DATE SIGNED (State) (State)



MARGIN RESERVED FOR BIND

The

clearly and legibly.

death

of

causes

the

write

please

Physicians

important.

especially

OR age

PLEASE TYPE

correct

10 - 53A15 VS.

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09659
9653 CERTIFICATE		-11
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL COR and give nearest town) CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
X TOWN Rural - Sykesville 6 Y, 6 M, 27	Town Baltimore	3401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural give location)	/
3. NAME OF (First) (Middle) DECEASED: (Type or Print) JOSEPH	(Last) 4. DATE (Month) (I OF DEATH: 10	Day) (Year) 28 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 2/	9. AGE last birthday Months D	ays Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Martin Walters	Julie Luziane	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Record, Springfield State Ho	spital
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Septicemia	ENLESS TO THE STATE OF THE STAT	days:
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	of the extremity	months
(c) Canamaliand	arteriosclemsis	vears
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic	brain syndrome associated with	Jears
DISEASE OR CONDITION CAUSING DEATH. CETEURAL	arrei Toscie i os i a	8 years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION Gangrene of lower left		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	tory, etc. INJURY OCCUR? (Count INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
22. I hereby certify that I attended the deceased from 6/2 alive on 10/28, 19 55, and that death occurred at SIGNATURE	1, 19.55, to 10/28, 19.55, that I last 9:25 AM, from the causes and on the date EST ADDRESS	saw the deceased stated above.

IMN ANTECI DISEASES C GIVING RIS STATING U OTHER S TO THE D DISEASE 19A. DATE OF 10/18 21A. ACCIDE (IF EITHER, NO 21D. TIME () OF INJURY 22. I hereby alive on Sykesville, Maryland M. D. BURIAL, CREMATION, LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY (State) DATE RECID BY LOCAL REGISTRAR'S FUNERAL DIRECTOR SIGNATURE

The Tollogy in the bar of the college III all the set washed appear bearing in

VS. A15 — 10 - 53

e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09660
7. Th	9654 CERTIFICATE OF DEATH Reg. Dist.	No. 7#
carefully legibly.	1. PLACE OF DEATH: COUNTY CAUSE MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED: MARYLAND STATE Maryland COUNTY Ollows	sau.
	COUNTY CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this piace) OR and give nearest town) TOWN Sykes VIII 2 give 3-1-33 STATE COUNTY CITY(If outside disposate limits, write RURAL at OR TOWN) TOWN Sykes VIII 2 give 3-1-33	give marest town)
information clearly and	HOSPITAL OR Springfield State Hospitel Street Address (If rural give location)	01x-2.
of	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Date (Type or Print) (Type or Print) (Mary Ellen Welsh Death: Orober	7
ite	5. SEX: 6. COLOR OR OSINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, January 30, 177 77 yrs. Months Day	The second secon
causes	1 JA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS 117 BIRTHPLACE (State or foreign country): 12. C	ITIZEN OF WHAT
the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15 Veal Twiga Name: 14. MOTHER'S MAIDEN NAME: 12.	919C
INK. Su	18. WAR DECRASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 15. Social Security No. 17. INFORMANT & DDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service)	A Promitor
DING: plea	TO DESCRIPTION OF THE PROPERTY LEADING TO AND THE	INTERVAL BETWEEN ONSET AND DEATH MUSIC TRO
TH UNFA	ANTECEDENT CAUSE (S.) DISEASES OR CONDITIONS, IF ANY, (B)	1 A Jan
H	STATING UNDERLYING CAUSE LAST. (C)	-
, ~ kg	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Quoolutioned Melencholiq	20 / ears-
PLAINLY	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20 AUTOPSY7
WRITE especial	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County)	(State)
100	21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
TYPE OR	22. I hereby certify that I attended the deceased from 10-27, 1948, to 0cf. 7, 1948, that I last s alive on 0cf. 7, and that death occurred at 0:32M, from the causes and on the date st	
SE TYI	placare Maddeski M.D. Sykerville, Med. 10	SIGNED
LEAS	Burel 10-11-55 Cumbulant allegans Co	ounty) (State)
Д	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 P. HALLY WILLE STEELS AND STEEL	ADDRESS

BUREAU V. S.

\$561 BIT 1977

MARYLAND STATE DEPARTMENT OF HEALTH

9655

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

STATE Maryla CITY (II outside corpor OR TUTAL— TOWN TUTAL— STREET ADDRESS (Last) AMS DATE OF BIRTH -3-1881 BIRTHPLACE (State Maryland MOTHER'S MAIDEN Milesann INFORMANT AND	rate limits, write RURAL and give location of the limits o	(Day) (Year) 24, 1955 T l year lif under 24 hrs. Days Hours Min. 2. CITIZEN OF WHAT
OR TOWN TUTAL— STREET ADDRESS (Last) AMS DATE OF BIRTH -3-1881 BIRTHPLACE (State of Maryland MOTHER'S MAIDEN MILESANN LINFORMANT AND LIA M. FOSS	-Westminster (If rural, give location) 4. DATE (Month) OF DEATH OCT. 9. AGE last birthday If under 74 yra. NAME Turfel Address	(Day) (Year) 24, 1955 T year lifunder 24 hrs. Days Hours Min. 2. CITIZEN OF WHAT COUNTRY?
ADDRESS (Last) AMS DATE OF BIRTH -3-1881 BIRTHPLACE (State of Maryland MOTHER'S MAIDEN MILESANN INFORMANT AND Clast M. Foss	4. DATE (Month) OF DEATH OCT 9. AGE last birthday If under 74 yrs. or foreign country) 1 NAME Turfel ADDRESS	24, 1955 I year If under 24 hrs. Days Hours Min. 2. Citizen of What Gouyter? Let Md.
AMS DATE OF BIRTH -3-1881 BIRTHPLACE (State of Maryland of Mother's Maiden Milesann of Mil	OF DEATH OCT. 9. AGE last birthday If under 74 yrs. or foreign country) 1 NAME Turfel Address	24, 1955 I year If under 24 hrs. Days Hours Min. 2. Citizen of What Gouyter? Let Md.
-3-1881 BIRTHPLACE (State of Maryland of Maryland of Mother's Maiden Milesann of Milesann	9. AGE last birthday If under 74 yrs. Months or foreign country) 1 NAME Turfel ADDRESS	1 year If under 24 hrs. Days Hours Min. 2. Citizen of What GOUNTRY? Let Md.
Maryland Mother's Maiden Milesann Informant and	NAME Turfel ADDRESS	er, Md.
Milesann INFORMANT AND Ila M. Foss	Turfel ADDRESS	INTERVAL BETWEEN
lla M. Foss		INTERVAL BETWEEN
wore the	voulosis	INTERVAL BETWEEN ONSET AND DEATH
	0	
		20. AUTOPSY?
(CITY OR T	TOWN) (COUNTY	Yes No 2
IOW DID INJURY OC	CUR7	
Medical Ex	causes and on the date st	DATE SIGNED
	19. J., to	19. J., to 10. 3.4., 19. J., that I have a superson on the date so weeken Extension of the late of the state

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

DECENAED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0966

9656 CERTIFICATE OF DEATH

		0	1
Reg.	Dist.	No.	/

3030		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give	nearest town)
OR and give nearest town) (in this place) X TOWN Sykesville 10 month 3ds	or Town Raltimore 13	101-4
HOSPITAL OR	STREET (If rural give location)	7
INSTITUTION OR	ADDRESS	
A Spirudirera prace Mosbirgi	1110 N, Kenwood Avenue	- 1
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) JAMES	WILSON DEATH: 10- 20	1955
RACE: WIDOWED, DIVORCED.		ours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZE	OF WHAT
work done during most of working life, even if retired): Carpenter	Virginia COUNT U.S.	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	•
	24 - 777 7 2 7 7 7	
Ceorge Wilson	Mary Ellen Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
No of service) — UMC-	Hospital records	
18. MEDICAL CERTIFICA		AL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1. 0	AND DEATH
IMMEDIATE CAUSE (A) WHOLE	renel marchiou h	Hrs
DUE TO A		
ANTECEDENT CAUSE (8)	hu orchesion de	wn
GIVING RISE TO THE ABOVE CAUSE DUE TO	ng occition was	714
STATING UNDERLYING CAUSE LAST.	clouses least dinease	ers
(c) ////////		NOS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CBS asso	7,	
DISEASE OR CONDITION CAUSING DEATH. with cere.		ars
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		AUTOPSY?
	YES	No <u>□</u>
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bldg.)	etcry, 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1-55, 19, to 10-20, 19.55, that I last saw t	he deceased
alive on10-20, 19.55, and that death occurred at		
	t 7;43. Mr, from the causes and on the date stated	above.
	ADDRESS DATE SIGN	
Walkely J. Journselell.	ADDRESS M.D. Springfield State Hosp. 10-20-4	55
SIGNATURE A JULIAN SELLE NAME OF CEMET 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ADDRESS DATE SIGN	55
SIGNATURE A JOURNAL SELECTION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	ADDRESS M.D. Springfield State Hosp. 10-20-4	55

BUREAU V. &

OCT 24 1955

DECENTED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND S	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	
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MINITERING STATE DETARTMENT	OF MEADIN—BALTIMORE, 18	0000
9657 CERTIFICATE	OF DEATH Reg. Dist.	96634
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	1:
COUNTY Carroll MARYLAND	STATE and COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	nd give nearest town
X TOWN Syperville 94 8 mg 26 das	TOWN Baltimore	
HOSPITAL OR	STREET (If rural give location)	3V01-4
15 NSTITUTION OR Springfield State Houp	ADDRESS MILLOUR	V
	Last) 4. DATE (Month) (D	hy) (Year)
(Type or Print) SAMUEL W	OODEN OF DEATH: 10 -	1 - 19.55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.
M RACE: WIDOWED, DIVORCED, (Specify): WIDOWET 6 -	1-65 90yrs. Months Da	Ays Hours Min.
Work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	M. J. H
Enos Wooden	mary E. R.	asolo
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates UNK.) of service)	7- 0 1 -	(daughter
18. MEDICAL CERTIFICATI	ON	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
420.1 Caran car	Thrombones seconday	. VIAh.
IMMEDIATE CAUSE (A)	terios clerosis	Juis
ANTECEDENT CAUSE (S)	enor clerosis	
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH, CBS ass	ociated arterios clerosis	yeers
19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		50 AUTODOVO
A SAME TO SAME THE REAL PROPERTY OF THE REAL PROPER		20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING ☐ OF INJURY street, office bldg., ((IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
	41 10-1 55	
22. I hereby certify that I attended the deceased from	, 196, to 10-1, 1953 that I last	saw the deceased
alive on, 1953, and that death occurred at	M, from the causes and on the date s	tated above
SIGNATURE 2/ / SALAR CON / SIGNATURE		E SIGNED
withing of Jewinguing M.		11/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OF CREMATORY LOCATION (Vity, town, or	county) (State
Buriaf 10- 4-55 Balles	more Ballimore	me
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2017.1,1955 C. Harry Esteer	10= 100k, de. 1217 14 Paint A. 7	Belle. rad.

BUREAU V.

SS61 9 100

MI OEINED

Commission of the second second by the second secon

A WHITE A KITTINGS AND

9658	CERTIFICATE	E OF DEATH	Reg. Dist	. No. 77
1. PLACE OF DEATH: COUNTY Canal	MARYLAND	2. USUAL RESIDENCE STATE	COUNTY OL	nall
X TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	RURAL LENGTH OF STAY (in this place)	OR TOWN	ate limits, write RURAL a	Rual
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	/(If rural give location)	1
3. NAME OF DECEASED: (Type or Print) ATHAM	MEL-B-W	0004	OF DEATH: Qut	Dayi (Year) 9 19 J J
m RACE: WID	owed, divorced, Feb 2	2-1883	5 yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY:	11. BIRTHPLACE (State	Caralina	COUNTRY?
Gilbert Woody		Haune	Suylor	
(Yes, no, or unk.) (If Yes, give war or dat of service)	tes /	My n. 13 word	by- Hamps	tead Mid
I DISEASES OR CONDITIONS DIRECT	18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
260x	6-01.	0-16		1 4
IMMEDIATE CAUSE	DUE TO	1 Homewhan	<u></u>	1342
ANTECEDENT CAUSE (S)	a transle	T. 1200 1	Deid	5
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B) DUE TO	The Thank	1 ware	- syre
STATING UNDERLYING CAUSE LAST.	Dealit			3.
II OTHER SIGNIFICANT CONDITIONS	(C) CONTRIBUTING			you
TO THE DEATH BUT NOT RELATED	TO THE			
DISEASE OR CONDITION CAUSING	OR FINDINGS OF OPERATION	1		. ALITODOM
				20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fact OF INJURY street, office bldg.,		City or town) (Count	(State)
21D. TIME (Month) (Day) (Year) (House OF INJURY M.	While Not while	21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended	the deceased from	, 1955, to Oct 10	, 19.55, that I last	saw the deceased
alive on Oct 9 1955, SIGNATURE	and that death occurred at	M, from the cau	uses and on the date	stated above. re signed
WN troand	м	. D. Manchester	., Md 10.	10-51
23. BURIAL, CREMATION, DATE THE PEMOVAL (SPECIFY)	1/3-5 NAME OF CEMETE		OCATION (City, town, or	eounty) (State
DATE REC'D BY LOCAL REGISTRAR REGISTRAR	R'S SIGNATURE	Edw Hy	Iton, Harry	Stead M
	- /	1	1	



BUREAU V. S.